MIDDLESEX HOSPITAL.

Practical Clinical Remarks ON NECROSIS.

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GENTLEMEN,—Necrosis signifies the death of a part of the skeleton, whilst the rest of it remains alive. In surgery the term is restricted to the decay and death of bone, as gangrene is applied to the similar process in the soft parts; but, as you will presently see, the interesting and important phenomena of the repair and regeneration of bony tissue which usually accompany it are unlike anything observable in other textures. *Nexpor* is the Greek word for a dead body, and therefore, except for custom's sake, any sphacelated tissue might be said to be necrosed (*νεκρου*, to decay,) or gangrened (*γαγγραινα*) indifferently, as the writer or speaker might choose. I mention this, not for the sake of giving you the definition of the word, which can be found in any Greek lexicon, but that it may be understood that the difference in the terms is one of convenience only, not of any essential diversity in the processes referred to.

Bones are subject to the same diseases as the soft parts, but have this peculiarity attached to them, that from the stability of the osseous textures, the changes wrought in them by morbid processes are very permanent, and can be studied in bones removed from the body long after the processes themselves have ceased. Thus an inflamed bone is rendered lastingly denser and heavier from the ossification of the effused lymph; an ulcerated bone has the traces of that process indelibly imprinted upon it; and so with the other phenomena of inflammation. Now, from the large quantity of inorganic matter (amounting to 66 per cent.) which enters into the composition of bone, and from the comparatively limited number of bloodvessels ramifying amidst the osseous particles, as well as from the liability of these vessels to occlusion from the unyielding nature of the tissue which they permeate, it comes to pass that inflammation in bone readily runs on to a final stage—namely, death. You will find therefore that necrosis is a very common disease, especially in hospitals; but it is satisfactory to think that in the treatment of no other affection has modern surgery made greater or more enduring progress. Limbs which only a few years ago would have been condemned to amputation are now preserved and rendered useful by the judicious interference of the surgeon; and for this, in a large measure, we have to thank the discoverer of a safe method of producing anæsthesia. The excessive suffering incident to operations on bone—of which you may form some conception from the manipulations of the dentist when he prepares a carious tooth for the reception of stopping—prevented surgeons from proposing, and patients from submitting to, proceedings which can now be executed with impunity.

It is difficult to compress what should be said of necrosis into a lecture of this sort, but for practical purposes it may be stated that all kinds of necrosis are inflammatory in their origin or in their progress, and of this you may readily recognise three varieties—1st, acute necrosis; 2nd, chronic necrosis; 3rd, scrofulous necrosis. The first two, however,—that is, the chronic and the acute,—are, as in so many other diseases, often blended together, the one supervening on the other; and it is to this variety that we must to-day confine our attention, for it is well illustrated by the cases you have so recently seen submitted to operation. A healthy person, young or old, receives some injury to an extremity—it may be from a blow or from a strain, or from exposure to extremes of temperature; and the effects of this injury, instead of passing away, as might be expected, and as they probably do in the case of the soft parts which were injured at the same time, continue for long to torment the patient. There is deep-seated thickening of the parts, constant aching pain, occasional reddenings of the surface, great general tenderness, and at last a localised swelling, which results in an abscess, the appearance of which is often preceded by a rigor. Coincident with the discharge of the abscess, there is usually a remission in the pain, but the hole in the skin never heals, and although the discharge becomes thinner, it is often tinged with blood, and smells offensively. Agricultural labourers, who are far away from medical assistance, will sometimes endure all this without consulting any one, occasionally able to do a day's work, and then laid up again in grievous pain, until at length they show their limbs to some medical man, who passes in a probe, and finds the cause of all this mischief in the bare and roughened bone beneath. Then they apply to an hospital, or too often wait until, notwithstanding that bits of bone work their way out, the disease spreads further and further, seriously menacing the integrity of the joint, and the patient is quite worn out from the irritation and want of rest. Much of this suffering and of this eventual danger may be saved by proper treatment; but beyond urging upon you the necessity of relieving tension of the parts by enforcing an elevated position of the limb, and, if need be, of resorting to early incisions to evacuate the secreted matters, the treatment of inflamed bone must not occupy our attention to-day. We have to take up the history of the case only after the bone has perished. I mentioned to you that when inflammation has proceeded to some extent in a bone, it readily dies from the loss of its supply of blood, owing to the occlusion of its arteries. The periosteum becomes separated from it by the effusion of lymph, and, along with this membrane, all the attachments of the muscles which adhere to its external surface are separated also. In process of time, the lymph becomes hard and ossified, so that the old bone gets surrounded by an envelope of tissues, modelled, as it were, upon the dying bone, and more or less firm, according to the stage which the ossifying process has reached. Different holes, called cloacæ, are left in the new bone by the escape of pus from the interior, and these communicate with the holes in the skin by sinuses of greater or less extent. So far we have arrived at the separation of the soft parts, external to the shaft, from the dead bone; but it yet remains to account for the detachment of the dead from the contiguous living bone. This process requires much more time, and it is not quite clear by what agency it is effected. Without entering into an explanation of the different theories that, from time to time, have been entertained on this subject, I shall content myself with observing that the most plausible account is the one given by two of your teachers here, Mr. De Morgan and Mr. Tomes, who believe that it is effected by means of a rapidly growing mass of cells in the Haversian or medullary canals, or on the surface of the bone. For my own part, however, I think that there is good ground for concluding that, as in the case of ulceration, the process is not effected by the agency of absorption, but is mainly a chemical change of disintegration and putrefaction, whereby the dead particles next to the living bone are first softened, and then washed away by discharge. But in what manner soever produced, the point of most interest to us as surgeons is the fact that, in some way or other, this separation is effected, and generally, in the case of the long bones, most fortunately for the patient, without the disease involving the epiphyses.

There is thus an inorganic mass of dead bone, imprisoned within a cylinder of new bone, keeping up perpetual uneasiness and no little danger; and without the surgeon does something to help it away, this foreign body—for to all intents and purposes it is a foreign body—may there remain for months and years, getting but very little smaller, and meanwhile incapacitating the patient from all useful employment of his limb. The animal constituents of the bone can disappear and be absorbed, but the sequestrum still remains, shrunk and firmer than bone usually is, made up of little else than very porous osseous tissue, chiefly composed of the phosphates and carbonates of lime; and although some of these chemical constituents flow away in the discharge, it is very certain that the process is extremely tedious; nor is it much helped by the breaking up of the original mass, and consequent escape of spicula from the cloacæ. And now the time for the interference of the surgeon has arrived. When he is satisfied that the process of separation has been nearly accomplished, and that the new cylinder of bone has acquired a tolerable degree of firmness, which two processes usually advance *pari passu*, he may proceed to extract the sequestrum through an artificial hole made for the purpose. But the operator must be careful not to interfere too early, before inflammation has ceased, and the work of separating the dead parts from the living is pretty far advanced;

otherwise the very manipulations necessary to effect this may set up fresh inflammation, and eventually fresh necrosis. In these cases, the old adage of "the more haste the less speed" is very appropriate. To seize the proper moment for interference is in this, as in many other instances, the true test of the surgeon's ability. It is not whenever the probe detects a bit of dead bone at the bottom of a sinus that we are called upon to extract it, but only when we are satisfied that nature has done her part in re-forming the lost osseous tissue, and is vainly endeavouring to get rid of the effete matters, that we are to step in, and with as little violence as the proceeding will admit of to assist in this salutary operation. It is because this precaution is not sufficiently attended to that operations for necrosis are sometimes repeated over and over again, to the great distress of the patients, and to the discredit of the surgeon. You will understand that these observations are confined to that form of necrosis which may happen in the most healthy constitution, and as the direct effect of ordinary inflammation in bone, such as is well illustrated in the two following cases.

Scrofulous necrosis must form the subject of separate consideration. At present, I will only observe, that the disease being an exemplification of a peculiar diathesis, it would be as rational to hope to cure it by simply extracting the dead bone as it would be to hope to cure phthisis by cutting out a mass of tubercle from the lungs, were such an operation practicable.

The *acute form of necrosis*, again, is a rare and very dangerous disease, which often destroys the life of the patients by rapid irritative fever, and it will consequently require careful study from us.

Necrosis of the radius following an injury; removal of a sequestrum four inches long; recovery.

William W——, aged eighteen, a healthy young man, a carrier by occupation, was sent to me by Mr. Rogers, of East Grinstead, on the 1st of November, 1858. Along the course of the radius of the right forearm there existed three inflamed-looking, discharging sinuses, the lower one situated about an inch from the wrist-joint, and the upper one in the superior third of the forearm. Each sinus led to a cloaca, through which was felt dead bone, apparently a continuous piece not entirely detached, but enclosed in a complete shell of fresh bone, which produced a swelling of the whole length of the limb. The hand was permanently flexed downwards, in the position often artificially adopted in fractured radius; but flexion of the wrist was perfect, as that important joint had escaped unscathed.

The patient stated that, whilst wrestling with a companion in the previous April, he fell against a door and hurt his arm; but that, in the course of a few days, the pain, severe at the time, disappeared without treatment. In the middle of the next month, however, the pain recommenced more severely than before, the skin became red, the arm swollen, and he lost all power of using it. In June an abscess broke and discharged a quantity of pus, but the hole never healed, and was speedily followed by two others. He suffered much at times, but had not resorted to medical advice until shortly before I saw him.

On the 26th of November, the soft structures between the two lower sinuses were divided, and the integuments dissected back from the surface of the new cylinder of bone. This was found to be tolerably firm; but, by the aid of a Hey's saw, it was cut, and being elastic, it was found possible to hold the edges apart whilst the sequestrum within was extracted. This was effected without much difficulty, as it was not adherent, except at its lower end, where its connexions were separated by means of the elevator. Little blood was lost, for the useful precaution had been adopted of elevating the limb high above the body for some minutes before the operation, so that the venous congestion, always the chief source of the bleeding in operations for necrosis, was relieved; and by keeping the arm in a pillow sloping from the wrist during the operation, the blood was prevented from again accumulating. The wound in the soft parts, which was pretty extensive, was closed with silver-wire sutures, and a drainage tube made of india-rubber, perforated with holes at intervals of an inch, as devised by Mons. Chassaignac, was inserted at the lower end. These drainage tubes are admirably adapted for their purpose, as they keep deep cavities perfectly drained of pus, and do not occasion any irritation.

The sequestrum removed was found to be four inches long, and to consist of the whole thickness of the radius, which, though dry and worm-eaten, retained its characteristic triangular shape. The greater part of the wound healed by adhesion, and on the 7th December the drainage tube was removed, as the parts had become much consolidated, and admitted of passive motion being commenced. The sinuses gradually ceased to discharge; the unnatural position of the wrist disappeared; and on the 24th December the patient went home, with his hand and arm bidding fair in a short time to equal the other in strength and usefulness.

Necrosis of the os calcis, following a strain; extraction of a piece of bone the size of a chestnut.

William G——, aged twenty-one, a healthy labourer, twisted his right foot while at work in January, 1857. Severe pain followed, which recurred at intervals, and often prevented him from either working or sleeping; but, beyond occasional rest, and some support to the limb by the application of strapping, no treatment was adopted. On the 26th October, 1858, he was admitted into the Middlesex Hospital. The whole ankle was swollen, red, œdematous, and in parts tender. On the outer side, below the malleolus, there were two or three sinuses, which conducted to a cavity in the os calcis, where a piece of dead bone was felt to be enclosed. The soft parts over the inner malleolus were also œdematous; but as flexion and extension of the foot were unimpaired, it was hoped that the disease was confined to the heel.

On the 1st November a semicircular incision was made along the outer surface of the ankle, so as to avoid the tendons of the peronei muscles, and by a little dissection the hole in the os calcis was exposed. It was round and smooth, and barely admitted the little finger, but expanded within, so as to hollow out a great part of the substance of the bone. In the interior there lay a sequestrum, exactly like a nut in a mouse's hole; and this being extracted, the operation was concluded. The parts were united by metal sutures, except in the locality in which a drainage tube had been inserted, in order to keep the parts effectually drained of pus.

From that time the patient has done very satisfactorily; the cause of the irritation having been removed, the swelling of the ankle has nearly subsided, and I hope that all danger of the disease extending has ceased. The ankle has become firm enough to admit of the patient walking a little daily, but the mass of new bone necessary to fill up the hole in the os calcis was very considerable, and the spongy bones do not so readily become repaired as the long bones. Two months, however, have elapsed since the operation, and so far everything is quiescent.

The syrup of the superphosphate of iron and lime has agreed very well with this patient, as also with many others for whom it has been prescribed; and as it adds iron to the blood and lime to the bones, you will easily see in how many surgical diseases it is likely to be useful.*

A STATISTICAL STUDY
OF THE
CAUSES AND RELATIVE PROPORTION OF STILL-BIRTHS IN PRIVATE COUNTRY PRACTICE.

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SPEAKING of certain conclusions deduced from the statistics of still-births published respectively by the officers of the Dublin Lying-in Hospital, and by Dr. Barnes, in a Clinical Report of the Royal Maternity Charity of London, the proportion in the former being one still-birth in every 14 cases, and in the latter, one in 34, the leading article in THE LANCET for Oct. 22nd goes on to say—

"It is an object of the highest importance to test these conclusions by comparison with the experience of other institutions, and especially with that of private practitioners."

With a view, therefore, to assist in this inquiry, I now forward for publication the results of the whole of my experience of still-births since I commenced practice on my own account in the year 1834. In doing this I have merely copied from the index to my register of general midwifery cases, carefully collating each number with the report in the body of the register itself. It is a simple record of facts.

* Both these patients have since recovered perfectly.

A TABULAR VIEW *of the Still-births which occurred in 2962 cases of Midwifery, including 36 Twin cases, and comprising, therefore, 2998 Children born. No account taken of Abortions—i. e., of Fœtuses expelled before the period of Quickening. Sex of Child distinguished thus:* B (*boy*), G (*girl*); *Primiparous cases by an asterisk.*

Appreciable Causes of Still-Birth.	No. of Case.	Special Circumstances.	Whether Ergot had been given.
More or less putrid.	102, G.	Easy natural labour at full time.	No.
	255*, G.	Breech presentation; premature.	No.
	311, G.	Easy natural labour; premature.	No.
	355*, B.	Ditto ditto ditto	No.
	490*, B.	Ditto ditto ditto	No.
	541, B.	The first of twins: the second being alive and vigorous; at full time.	No.
	547, G.	Easy natural labour; premature.	No.
	620, G.	Breech presentation; premature; the subject of case 541.	No.
	621, G.	Sister of 541 and 620; softened placenta.	No.
	635*, B.	Easy natural labour; premature.	No.
	636, B.	Face to pubes; easy; premature; subject of case 355.	No.
	702, B.	Easy natural labour at full time.	No.
	729*, G.	Easy natural labour; premature.	No.
	741, G.	Easy natural labour; premature; subject of cases 355 and 636.	No.
	760, B.	Easy natural labour; premature.	No.
	837, B.	Quick, easy labour; premature; preceded by much hæmorrhage; subject of cases 355, 636, and 741.	No.
	978*, B.	Easy natural labour; premature.	No.
	981, G.	Arm presentation; premature; delivery by turning.	No.
	1041, G.	Face presentation, with prolapsed hand; premature; hypertrophy of placenta; weight of child, 3lbs.; of placenta, 2¼lbs.	No.
	1048, G.	Easy natural labour; premature; subject of cases 541 and 620.	No.
	1093, B.	Easy natural labour; premature; subject of case 978.	No.
	1134, B.	Easy case of breech presentation at full time; enormous redundancy of liquor amnii.	No.
	1351, B.	Easy labour at full time.	Yes.
	1428, B.	Easy labour; small and premature.	No.
	1445, B.	Easy natural labour; premature.	No.
	1461, B.	Feet presentation; premature; labour preceded by much hæmorrhage for several weeks.	No.
	1714*, B.	Easy natural labour; premature.	No.
	1727*, B.	Ditto ditto ditto	No.
	1828, G.	Ditto ditto ditto	No.
	1869, B.	Ditto ditto ditto subject of case 1714.	No.
	1915*, B.	Easy natural labour; premature.	No.
	1916, G.	Breech presentation; easy; premature; prolapsed funis; redundant liquor amnii.	No.
	1917, B.	Natural labour; placenta scirrhous, and not putrid.	Yes.
	1920, B.	Easy natural labour at full time; subject of case 490.	Yes.
	1921, B.	Easy natural labour; premature; placenta very pale and anæmic.	No.
	1930, B.	Feet presentation; premature.	Yes.
	2022, B.	Easy natural labour; premature.	Yes.
	2057, G.	Placenta prævia; hæmorrhage; presentation of feet; funis long prolapsed; premature.	Yes.
	2071, B.	Presentation of ear and shoulder; premature; labour very easy; shoulder slipping up; subject of case 1921.	No.
	2085, B.	Arm presentation; turning case; premature.	No.
More or less putrid—*continued.*	2209, B.	Easy natural labour; premature; subject of case 1445.	No.
	2218*, B.	Hard labour at full time; woman aged 40.	Yes.
	2228, G.	Feet presentation, with prolapsed funis; premature; subject of case 2057.	No.
	2268, B.	Easy natural labour; premature.	Yes.
	2346, B.	Ditto ditto ditto redundant liquor amnii.	No.
	2621, G.	Shoulder presentation; delivery easy, without turning; premature; mother phthisical.	No.
	2693*, B.	Feet presentation; premature.	No.
	2800*, B.	Easy natural labour; premature.	Yes.
	2881, G.	Hard labour at full time.	Yes.
	2956, B.	Turning case of arm presentation; full time.	No.
Craniotomy.	146, B.	Very large child; failure with forceps; 12 hours after complete dilatation of os uteri.	No.
	258*, G.	More than 24 hours in labour; failure of forceps; woman hysterical, &c.; pulse 130, sharp.	No.
	344*, B.	Very large, bony head; protracted labour; narrow pelvis; failure with forceps.	No.
	588, G.	Presentation of anterior fontanelle; protracted labour; failure with forceps.	No.
	765*, B.	Protracted labour; large, bony head; failure with forceps.	No.
	2004, P.	Very large child; protracted labour; presentation of anterior fontanelle; failure with vectis and forceps.	Yes.
	2521*, B.	In consultation with a junior practitioner, who had failed with the forceps, as I did also.	No.
	2762*, B.	Ditto, ditto, ditto.	No.
Footling cases; delivery of head delayed; compression of funis.	53*, G.	Large head.	No.
	945*, B.	Large head.	No.
	1444*, B.	Called in to the assistance of a junior practitioner, who could not manage the delivery of the head.	No.
	2434, B.	Enormous hydrocephalic head.	Yes.
	2598, B.	Presentation of vertex; delivery by turning; narrow pelvis.†	No.
	2763*, G.	Hydrocephalic head; marvellously short funis.	No.
	2955, B.	Premature labour; arm presentation; turning before full dilatation of os uteri; delivery of head delayed by tight grasp of os uteri.	No.
Funis prolapsed.	69, B.	With arm presentation; turning case.	No.
	168, B.	With head presentation; case left to nature; subject of case 69.	No.
	726, G.	Hand down with head; case left to nature, after pushing back the hand.‡	No.
	2065, B.	Breech presentation.	No.
	2301*, B.	Forceps delivery.	No.
	2400, B.	Case left to nature; head presenting.	No.
	2683, B.	Head presentation; delivery by turning.	No.
Placenta prævia.	293*, B.	Woman aged 40; considerable hæmorrhage.	Yes.
	645, B.	With feet presentation; great hæmorrhage; funis prolapsed.	Yes.
	921, B.	With feet presentation; great hæmorrhage.	Yes.

† Third confinement. In her first, the child being small, the labour was easy. In her second, I had a very difficult forceps delivery; a large child, born alive.

‡ Bad practice; after the hand was pushed up, the funis would be more liable to compression. I ought to have turned the child, and, perhaps, should have saved its life.—R. U. W.

Appreciable Causes of Still-birth.	No. of Case.	Special Circumstances.	Whether Ergot had been given.
Labour unusually severe & protracted. Cases left to nature.	309, B.	Very large child; delivery more than six months after quickening.	No.
	361, G.	Very large child; narrow pelvis. Subject of the craniotomy case No. 146.	No.
	368, B.	Very large child; weight 11 lb.	No.
	772, G.	Face to pubes.	No.
	961*, G.	Three days in labour; woman aged 42.	No.
	1185*, G.	Very large child.	Yes.
Labour severe. Delivery with instruments.	2230, B.	Excessive œdema of thighs and vulva, interfering with expulsion of head; vectis used. Subject of the putrid case No. 1917.	Yes.
	2395*, B.	Difficult forceps delivery.	Yes.
Embryotomy.	1266, G.	A case of adherent twins; *sternopage;* feet presentation with both.	No.
	1266, G.		
Ovum expelled entire, before my arrival.	1340, G.	Premature.	No.
	1757*, B.	Premature.	No.
Exencephalian monster.	1607, G.	Enormous hypertrophy of placenta; great redundancy of liquor amnii.	No.
Anencephalian monster.	2884, G.	Presentation of back.	No.
Dropsical fœtus.	2732, B.	Softened placenta; hasty labour.	No.
Hæmorrhage before or during labour. Supposed placenta prævia.	1170, B.	Premature.	No.
	2176, B.	At full time.	Yes.
	2299, G.	Ditto.	Yes.
	2453, G.	Feet presentation; premature.	No.
Convulsions before or during labour.	2191*, B.	At full time.	No.
	2320*, B.	Premature.	No.
Evidence of latent compression of funis.	2212*, G.	Delivery with vectis.	Yes.
Turning case of arm presentation.	1686, B.	This case had been a long time under the care of a midwife, and turning was difficult.	No.
Mother ill or dying.	525, B.	Premature; mother moribund: *pneumonia.*	No.
	711, G.	Ditto, ditto: *cholera.*	No.
	1857, B.	Premature: *chronic disease of intestines.*	No.
Disease of placenta.	1762*, B.	Premature; breech presentation; placenta softened.	No.
	2701, B.	Premature; putrid placenta.	No.
	2712, B.	Ditto; softened placenta; putrid funis.	No.
Cause not manifest.	431, B.	Easy natural labour, at full time.	Yes.
	1911*, G.	Ditto, premature.	No.
	2100, B.	First of twins; the second alive and vigorous.	Yes.
	2163, B.	Easy natural labour.	Yes.
	2456, B.	Breech presentation; premature.	No.
	2517, G.	Easy and quick natural labour; premature.	No.
	2618, B.	Premature; easy natural labour.	No.

Summary.

The total of still-births from all causes, as shown in the table given above, is 111 out of 2998 children born: a proportion of 1 in 27. Of these, 50 were putrid at birth, with various special circumstances noticeable; 8 were cases of craniotomy; 7 were cases in which the death of the child was caused by difficult delivery of the head in footling births, the funis being compressed; in 7 cases, where the funis was prolapsed early in the labour, the death of the child was equally caused by compression of that important organ; 3 deaths are explained by *placenta prævia;* 6 by the severity of protracted labours left to the natural efforts; there were only 2 deaths from severe or protracted labour where instruments were used; in 1 case embryotomy was practised to effect the delivery of monstrously-adherent twins, accounting for the death of 2 children; in 2 cases the ovum was expelled entire before my arrival, and the children suffocated or drowned; 2 of the children exhibited deficient development of the head; 1 was dropsical—*anasarcous* and *ascitic;* 4 deaths are explained by profuse hæmorrhage accompanying the labour; 2 by convulsions of the mother during or preceding the labour; in 1 case there was very clear evidence of latent compression of the funis during the labour; 1 death is explained by difficulty of turning in a neglected case of arm presentation; in 3 cases the mothers were either moribund or seriously ill; in 3 of the non-putrid cases the placenta was either putrid or diseased; and in only 7 cases it was not possible to assign a cause. Several of the women are shown to be liable to a recurrence of dead children born.

The ergot of rye is considered by some to be destructive of the life of the child. For that reason I have thought it right to specify in every case, even in the putrid ones, whether the ergot was or was not given. It results that the ergot was given in 24 cases out of the whole number of 111 children born dead. But as the vast majority of the deaths where ergot of rye had been given are explicable from other causes, I think we may acquit this much-abused drug, and especially so if we study the last list of cases—that, namely, where the "cause was not manifest." Let me here explain that I have given the ergot of rye 201 times out of the last 800 cases I have attended. This is a frightful proportion; but never mind. My register stands at No. 2962 at the present date. If the list of "cause not manifest" be now looked at, it will be seen that the last 4 cases in that list fall within the 800 cases alluded to. The ergot of rye was given in only 1 of those 4 cases: precisely the proportion of ergot of rye for the whole number of 800—1 in 4.

I have thought it important in the study of the causes and the frequency of the mortality of children during labour, to insert in my table the number of each case. It may thus be seen at a glance how far the inexperience of a young practitioner may contribute to an increase of such mortality. Let us, for example, examine the numbers of the cases of craniotomy. It will be seen that nearly all the cases that I was exclusively responsible for, fall within the first 1000. How far a gradually acquired ability in the use of the vectis and forceps* may have enabled me to discard this *wilful murder* from my

* It may assist the reader in the appreciation of my argument if I here state briefly, that I delivered, with the one or the other of those instruments, in the first 1000 cases, 4 times only; in the second 1000, 16 times; and in the third 1000, now nearly completed, 77 times, with the result, as regards the life of the child, shown in the text. And the following extract from the index to my register will illustrate, though, perhaps, more feebly, the advantage of artificial assistance in other circumstances of danger to the life of the fœtus than mere protracted labour:—

FUNIS PROLAPSED: in 10 cases; in which,

The child born dead: 11 cases, viz.,—
Head presentation; left to nature: 168 B., 726 G., 2400 B.
" " forceps case: 2301* B.
" " difficult turning case: 2083 B.
Feet presentation: 645, 1916, 2057, 2065, 2228. Of which,
Child putrid: 1916 G., 2057 G., 2228 G.
Placenta prævia: 645 B.
Arm presentation; turning performed: 60 B.

The child born alive: 8 cases, viz.,—
Head presentation; left to nature: 1667 B., 2345 G.
" " vectis used: 1643 B.
" " turning performed: 2504 B., 2553 G., 2579 B.
Arm presentation; turning performed: 2281 G.
Feet presentation, with placenta prævia: 1816 G.

CONVULSIONS OF THE MOTHER,
Preceding or accompanying the labour: 2191, 2320, 2729. Of which,

The child born dead: 2 cases, viz.,
Labour unassisted: 2191* B., 2320* B.

The child born alive: 1 case, viz.,
Delivery with vectis: 2729* G.

It is very probable that, although the mere expulsion of the child might have been easily effected in cases 2504, 2553, 2579, and 2729, if they had been left to Nature; yet the children would have been all born dead, if artificial delivery had not been performed.

Practice, I leave to the judgment of my readers, pointing out at the same time that *pari passu* with what I may call the *abolition of craniotomy*, or, at any rate, the greatly diminished frequency of the practice, the fœtal mortality from unassisted protracted labour disappears also from my practice. These are matters for grave consideration, and especially so at a time when the Council of the Obstetrical Society of London is pressing on the attention of the Medical Council the subject of obstetrical education. At present, as far as *practice* is concerned, we are, for the most part, self-educated. I have fearlessly, and without any extenuation, given all the facts of my experience of still-births, as invited by the leading article quoted in the opening paragraph of this paper. It is obvious that nothing but a sense of public duty, and a regard for the interests of absolute truth, can have induced me to parade, as I have here done, the shortcomings of my early career. *Liberavi animam meam.*

I think that the average of country practices ought not to exhibit a greater proportion of still-births than about 4 per cent.

Alford, Lincolnshire, October, 1859.

A STATISTICAL REPORT
OF
THIRTEEN HUNDRED MIDWIFERY CASES ATTENDED IN PRIVATE PRACTICE.

BY ANDERSON SMITH, ESQ., F.R.C.S.

OF 1320 children, 700 were males, 620 females. 1255 were born alive; 65 dead—of these, 24 were putrid. Premature births numbered 35; twin cases, 20: of these, 35 children were born alive, 1 dead, and 4 putrid. Malpresentations and positions were 58—namely, forehead towards the pubic arch, 20; face, 2; breech, 23: of these, 14 children were born alive, 7 dead, and 2 putrid. Lower extremities, 8; 4 alive, 3 dead, and 1 putrid. Arm, 1 alive. Compound, 4; 1 alive, 3 dead. Prolapse of the funis happened in 6 cases, in all of which the children were still-born. Accidental hæmorrhage occurred 14 times; in 10 cases the children were born alive, in 4 dead. 3 cases of complete placenta prævia, the children still-born; 2 of partial placenta prævia, 1 child alive, the other dead; 6 cases of slight post-partum hæmorrhage; 2 of epileptic and 1 of hysterical convulsions; 3 of peritonitis; 1 of mania. Version was had recourse to in 4, the forceps in 23, and craniotomy in 3 cases. The average duration of labour in primiparæ was 18¼ hours; the shortest at the full time, 2½ hours.

Remarks.—Of the 41 still-born, death in 29 cases was the result of malpresentation, accidental or unavoidable hæmorrhage, prolapse of the funis, or craniotomy. Of the remaining 12 cases, in 1 instance the funis was prolapsed and pulseless before the expulsion of the shoulders; 2 children made ineffectual efforts to respire; in 1 case, the mother had at her previous confinement been delivered of a putrid fœtus; 2 were the children of mothers suffering from disease of the heart; 1 was the second of twins; and the remainder were mostly prematurely born.

In the 2 cases of partial placenta prævia, I merely ruptured the membranes, and the labours terminated naturally. Of the 3 of complete, in two instances I tore through the placenta, turned, and brought down the feet. In the 3rd, I was pursuing the same treatment, when a violent pain expelled the placenta, and although the hæmorrhage then ceased, the patient died on the fourth day; and I may here state that this is the only instance in 1300 cases in which the mother has died from any cause connected with parturition.

Not once has there occurred a case either of retention of the placenta or severe post-partum hæmorrhage. Immunity from both these complications I attribute mainly to two causes—namely, the practice of applying a binder as soon as the second stage of labour commences, tightening it directly after the birth of the child, and again after the expulsion of the placenta, and abstaining from the administration of ergot. By the former the regular contraction of the uterus is effected, and by the latter its irregular contraction prevented.

The number of forceps cases appears great, but, as far as my experience extends, no bad consequences have resulted from their use; and I am inclined to believe that laceration of the perinæum is rather prevented than caused by their timely employment.

Clarement-square, Nov. 1859.

STILL-BORN CHILDREN.

BY JAMES HADAWAY, ESQ., M.R.C.S., L.S.A.

IN one of the leading articles in THE LANCET of the 22nd of October, you suggest the necessity of medical practitioners engaged in midwifery giving the result of their experience as to the number of children "still-born" that have occurred in their own practice, in order to arrive at some statistics as to the per-centage in contrast with those in hospital practice; also, as far as possible, to ascertain the cause of death.

Now, as I have kept a correct register for the last five years of cases attended by myself, I have much pleasure in forwarding to you a table as they have occurred in each year:—

Year.	Cases.	Still-born.
1855	93	6
1856	129	16
1857	171	20
1858	169	18
1859	170	12
	732	72

Thus showing an average of about 10 per cent. in the aggregate.

My memory does not serve me sufficiently to give the causes of death except for the present year:—

CASE 1.—Born at the full period, and movement was felt about two days before birth. Cause unknown.

CASE 2.—(Twins.) Premature, at the seventh month. This patient was delivered of a still-born child prematurely twelve months before. Her general health is delicate.

CASE 3.—Footling and cord presentation.

CASE 4.—Premature, seventh month.

CASE 5.—Premature, seventh month. The mother was affected with variola on the following day after the birth of the child.

CASE 6.—This patient has been delivered prematurely three years successively, all still-births, and severe hæmorrhage following.

CASE 7.—Supposed to have been frightened by a cat.

CASE 8.—Fourth child, all still-births. Cause unknown. The mother is enjoying an average state of health.

CASE 9.—Cause unknown.

CASE 10.—The mother was frightened by a monkey a few days previous.

CASE 11.—This was the third child, out of four, that was still-born. Cause unknown.

Berwick-street, Oxford-street, Nov. 1859.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam alienas proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

THREE CASES OF EMPYEMA—SPONTANEOUS OPENING IN ONE, AND TAPPING OF THE CHEST IN THE TWO OTHERS; RECOVERY.

(Under the care of DRS. GULL, HABERSHON, and WILKS.)

AT the present time there are three cases of empyema under treatment in this hospital, and a good opportunity is afforded to the student for studying this result of pleurisy. The phenomena attending upon the disease have varied somewhat in each, but in all the physical signs were well marked and clearly made out. In the first patient, a man of forty years of age, the effusion seemed to be circumscribed, and evacuation of the

pus occurred spontaneously. This was also on the point of happening in the second case, that of a boy six years of age, who had a pulsating tumour between the seventh and eighth ribs of the right side of the chest, anteriorly; and it was here that tapping was performed, with infinite relief. In the third example, the operation was adopted with the view of saving life, as the symptoms were urgent.

By these cases some excellent practical points are furnished, which force themselves upon our attention. Thus, notwithstanding the gravity of the mischief, in the young, at any rate, there is a favourable prospect of cure from the tapping; and, after all, the efforts of nature are sometimes but anticipated by this process, as occurred in the first or adult case. In all of these instances there was more or less urgency in the dyspnœa; it was extreme in the second and third; and there was an absence of any bulging between the ribs, as is noticed in chronic instances—a favourable sign in the prognosis. This filling up or bulging of the intercostal spaces was a striking feature in Dr. Wardell's interesting case of empyema of seven years' standing, which appeared in a previous number of this journal (page 382, Oct. 15th).

Tapping the chest is usually resorted to with the object of proving curative, or of affording but temporary relief, and therefore only palliative. The former may be anticipated when the effusion is uncomplicated with any other malady—disease of the lungs, for example; and such was the case with these three patients. In the process of cure, one of the usual results has taken place—namely, contraction of the affected side, which has occurred in the first and second, but not as yet in the third; it is most striking in the boy six years old, who walks as if deformed. Sometimes, in the course of years, this deformity becomes removed, the lung regains its natural size, and the chest is once more restored to its pristine symmetry.

Expectoration of pus, vicarious in its character, occurred, for a short time, in the boy when the discharge had disappeared; but it is now flowing again from the external wound. The three cases are necessarily brief; for the first we are indebted to Mr. Richard Davy, one of the clinical clerks.

In a former "Mirror" (THE LANCET, vol. i., 1857, p. 475), we gave the report of a case of circumscribed empyema, in a man of twenty-three years of age, under the care of Dr. Fincham at the Westminster Hospital. It followed upon a pleuro-pneumonia, and a recovery ensued after tapping the chest. The age of six years is early for empyema; it, however, may occur in infancy, an example of which our readers will find noticed in the second volume of this journal for 1857 (p. 90). The child was twenty-seven months old, was tapped three times, the pleura injected with iodine, and finally the patient recovered, as related by M. Maurice, of Versailles.

CASE 1.—George E——, aged forty, house painter, admitted June 17th, 1859, with a circumscribed empyema, in the Clinical ward, under the care of Dr. Habershon. For five years he has suffered from chronic bronchitis. In October, 1858, he had pleurisy of the right side, with dyspnœa, followed in December by muco-purulent expectoration, which continued till March, 1859, when an external opening communicating with the pleura spontaneously formed, and a quantity of pus escaped. He was a healthy-looking man, not suffering from any constitutional symptoms. External opening of the size of a quill between the seventh and eight costal cartilages, and distant three inches from mesian line. Left side resonant and expanded; puerile respiration. Right side dull, contracted, and *hors de combat*. Appetite good; excretions regular.

June 18th.—He was ordered full diet; two drachms of cod-liver oil and an ounce of quinine mixture three times a day, and a grain of opium at night when required.

July 10th.—Œdema of legs, with disposition to purpura. The right side of his chest has contracted one inch per month, with corresponding expansion of the left side, so that the general circumference of the chest remains unaltered. He improves in health, although the discharge still continues.

CASE 2.—John G——, aged six years, admitted into Clinical ward on 23rd August, 1859, under the care of Dr. Wilks. His skin generally was somewhat dark, and the right side of his chest was swollen as if an abscess was on the point of bursting. He had had measles, scarlatina, and albuminuria within the last twelve months, and it is most probable a pleurisy with the scarlatina, which was followed by effusion into the right side of the chest. He was extremely ill when admitted, suffering great agony. He was submitted to paracentesis of the chest by Mr. Bryant two or three days afterwards, between the seventh and eighth ribs, and nearly a pint of pus was evacuated, with great relief and ease to his breathing and pain. He became cheerful, his grief and crying ceased, and he has gone on comparatively well since. His expectoration became purulent after the tapping, and much pus passed from the opening in the side, which has now become closed. He has now ceased to expectorate pus. The patient has not lost flesh to any great extent, but the side has become contracted and fallen in. He walks one-sided, with his head leaning towards the contracted side, and there is a tendency to lateral curvature of the spine. On Nov. 4th, about half a pint of matter suddenly poured out of the old wound, and it has continued to flow since.

CASE 3.—A lad, of seventeen years, was admitted into Stephen's ward, under the care of Dr. Gull, on the 7th September, after an eight weeks' illness from an attack of pleurisy of the right side. The effusion was so considerable, that the dyspnœa was urgent and the distress very great. Paracentesis was performed on the 20th of September at the posterior part of the right side of the chest, a couple of inches below the inferior angle of the scapula, and two pints of pus were evacuated, with relief to the general symptoms. The cavity of the pleura refilled, and a second tapping was performed on the 7th October, with equal relief, a drainage tube of gutta-percha being allowed to remain in to permit the pus to drain away. This did not produce any irritation, and the boy's health seemed to improve after the second operation. The tube was removed in about ten days. On the 1st November he was going on favourably; there was no dyspnœa, nor any special urgency in the general symptoms; but the chest was again slowly refilling, and he would probably require a third operation for relief.

ST. BARTHOLOMEW'S HOSPITAL.

PULSATING EMPYEMA WITH DISPLACEMENT OF THE HEART IN AN ADULT, AND EMPYEMA IN A CHILD; EACH TAPPED THREE TIMES; PALLIATIVE IN ONE, CURATIVE IN THE OTHER.

(Under the care of Dr. BALY.)

THE two cases of empyema which follow illustrate our previous remarks relative to the subject of tapping as expected to prove curative or palliative. We have here an instance wherein it has been performed three times to afford temporary relief only—for it is most probable, from the attacks of hæmoptysis, the displacement of the heart, the frequent abdominal pain and albuminous urine, and the cachectic look of the patient generally in Case 1, that organic mischief has already been initiated into the system. The first tapping was decidedly beneficial for a time, the fluid withdrawn being a dark serum; the second tapping gave exit to the same kind of fluid, only that it was putrid; whilst the third showed it to be purulent. In the first and third evacuations, gas was associated with the fluid.

The second case, that of the child, looks unfavourable, from the large amount of effusion, three tappings not having afforded the amount of relief which might have been expected. Nevertheless, youth is in the patient's favour, although he is of weak constitution and poorly nourished. In both of these cases there was obliteration of the intercostal spaces, but no purulent expectoration. In the adult, the swelling of the lower part of the chest was prominent and distinctly pulsating, from the conduction of the motions of the heart through the intervening fluid. The heart's action seemed laboured, as if from compression, and this was sensibly relieved by the third tapping.

The five cases of empyema to-day placed upon record are full of interest and value, each one having something distinct in itself not observable in the others: they therefore illustrate all the phases of this disease; and as they are all still under treatment, they will be referred to again.

For the abstract of the subjoined case we are indebted to Mr. J. Andrew, clinical clerk, who kindly placed his very copious notes at our disposal.

CASE 1.—Joseph N——, aged fifty-one, was admitted into Matthew ward, on the 13th of June last, under the care of Dr. Baly, with an abundant pleuritic effusion in the left side of the chest. He was unable to lie on either side, his breathing was laborious, with pain in the left side, short cough, movements of the left side of the chest much impaired, and expectoration of frothy mucus. He was in his usual health up to twelve

weeks ago, when he was attacked with pleurisy of the left side. Auscultation and percussion now revealed effusion into the left pleura, with bulging of the left lower lateral region, and obliteration of the intercostal spaces. There was general dullness from below upwards, ægophony much marked in the middle of the chest, and absence of vocal resonance. He was ordered wine, blue-pill, and squills night and morning, and quinine. Next day (the 14th), Mr. Paget tapped the chest with a Thompson's trocar in the sixth intercostal space, and evacuated three pints and a half of dark-coloured serum, together with a considerable quantity of gas. The opening was closed.

This was followed by general improvement; there was more movement in the affected side, but the ribs were closer together; and on being examined by Dr. Baly, the resonance in front did not extend below an inch above the nipple. Bronchial breathing and bronchophony were heard over the middle third of the chest below. He now improved to some extent; the dullness became less, the cough and expectoration diminished, the movements on the affected side increased, and the circumference of the two sides was about equal. He frequently felt sick, his bowels at times were very much relaxed, and his urine was difficult to pass. He left the hospital, at his own request, on the 22nd of August.

The patient was re-admitted on the 7th of September, with frequent and urgent fits of dyspnœa, and had spat blood. On the 10th, the beat of the heart was heard louder to the right than to the left of the sternum. On the 12th, Mr. Paget drew off two pints of putrid serum, in colour similar to the last. This was followed by some relief. On the 14th, he had an attack of rigors, followed by heat and general pain; and for several days the shivering continued. The left side of the chest has no movement of expansion. He had frequent shivering fits at night, followed by perspirations. Heart's sounds and impulse were most forcible to the right of the sternum.

On the 6th October, dyspnœa was increasing; the heart's sounds became distinct beneath the right nipple, on the 11th. His manner now was irritable, and as the dyspnœa kept augmenting he was most anxious to be tapped again. His urine was noticed to be albuminous, and was much loaded on the 18th. The cold shivers at night continued.

Oct. 26th.—Superficial veins of the chest much enlarged; the apex of the heart seen to the right of sternum in the fourth intercostal space; valvular sounds heard to the right of sternum in the second intercostal space.

31st.—Shortness of breath; superficial veins farther increased in size, with slight œdema of integuments; lateral intercostal spaces greatly bulged out.

Nov. 5th.—Respiration difficult and laborious. He was tapped by Mr. Stanley, and two pints of watery pus, with some gas, were drawn off, with relief to breathing and pain, and the opening was carefully closed.

In the following abstract we avail ourselves of the notes taken by Mr. Meade, one of the clinical clerks.

CASE 2.—Edward J. R——, aged four years and a half, was admitted into Faith ward on the 24th October, with great dyspnœa, dry cough, and pain in the left side. In good health up to three weeks ago, when the breathing became short, and has continued so ever since, with slight fever. The left side of the chest was found to be motionless on inspiration, dull on percussion, and larger than the right; the physical signs are those of abundant effusion into the pleura. Decubitus dorsal, inclining to left side; head and shoulders elevated.

Oct. 25th.—Great dyspnœa; breath short and catching; hacking cough; no expectoration. Takes nourishment freely.

29th.—The urine has continued scanty, and the general symptoms are the same. Tapping was performed by Mr. Stanley between the sixth and seventh ribs, and five ounces of thick yellow pus withdrawn. The child was much relieved by it.

Nov. 1st.—The tapping was repeated by Mr. Stanley, and several ounces of pus were again drawn off.

5th.—Intercostal spaces not visible; complete dullness of left side, commencing at the middle of the sternum. Tapped a third time by Mr. Stanley, and several ounces of pus evacuated, with great relief.

7th.—Improving in every respect. The wound was left open, but no pus escapes from it.

CHARING-CROSS HOSPITAL.

URTICARIA EVANIDA OF WILLAN.

(Under the care of Dr. WILLSHIRE.)

THIS variety of urticaria is not, so far as our experience extends, very common, at least in the obstinate form which the case we are now alluding to well illustrates. The disease has troubled the patient fully two years; but this is nothing to Heberden's experience, who writes—"Novi quos male habuerit biennium, cum paucis intermissionibus, alios vero septem, aut etiam decem annos vexavit."

Dr. Willshire's patient is a male, aged about forty years, and a blacksmith by trade. No errors or peculiarities in diet, regimen, &c., were apparently operating in the production of the disorder, and treatment up to a certain time seemed to have but little influence in mitigating the disease. The man was then placed under the influence of *arsenic*, since which time his troublesome companion has been gradually leaving him, to his great comfort.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOV. 2ND, 1859.

DR. RIGBY, PRESIDENT, IN THE CHAIR.

TWENTY-EIGHT gentlemen were elected into the Society, and the names of thirteen were read as candidates for the Fellowship.

The following eminent obstetricians were proposed by the Council for election as Honorary Fellows, according to the bye-laws. They will be balloted for at the next meeting of the Society, in December—viz.: Fleetwood Churchill, M.D., Professor of Midwifery in King and Queen's College of Physicians, Dublin; James Matthews Duncan, M.D., M.A., Lecturer on Midwifery and Diseases of Women, Surgeons' Hall, Edinburgh; Alfred H. M'Clintock, M.D., Master of the Lying-in Hospital, Dublin; Archibald Hall, M.D., Professor of Midwifery, University of M'Gill College, Montreal, Canada; W. F. H. Montgomery, M.D., M.A., late Professor of Midwifery, King and Queen's College, Ireland; James Y. Simpson, M.D., Professor of Midwifery, University of Edinburgh; Ed. C. L. von Siebold, M.D., Professor of Midwifery, Göttingen; F. W. Scanzoni, M.D., Professor of Midwifery, Wurzburg; Rudolph Virchow, M.D., Professor of Pathological Anatomy, University of Berlin; F. J. Moreau, M.D., Professor of Midwifery in the Faculty of Medicine, Paris; Baron Paul Dubois, Professor of Clinical Midwifery in the Faculty of Medicine, Paris; Chas. D. Meigs, M.D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia; and Walter Channing, M.D., Professor of Midwifery in the University of Cambridge, Boston, United States.

NOTES OF A CASE OF CRANIOTOMY IN WHICH DELIVERY WAS READILY EFFECTED BY TURNING AFTER PERFORATION, WHEN INSTRUMENTAL EXTRACTION WAS FOUND IMPOSSIBLE, ETC.

BY F. W. MACKENZIE, M.D.,

SENIOR PHYSICIAN TO THE WESTERN GENERAL DISPENSARY, ETC.

In this case the conjugate diameter at the brim was only two inches and three-eighths. As the woman had arrived at the full term of gestation, it was thought necessary to perforate the cranium; but all subsequent attempts at extraction by the crotchet and craniotomy forceps failed. Turning was, however, easily performed, and the child brought away. The mother died, apparently from exhaustion, a few hours afterwards. The paper concluded with the suggestion that turning should be had recourse to in all cases of craniotomy similar to the one detailed.

Some discussion followed, in which Drs. Rigby, Barnes, Hall Davis, Rogers, Tyler Smith, and Waller, and Mr. I. B. Brown, took part. It appeared to be generally thought that the plan of treatment recommended by Dr. Mackenzie was that usually followed in the present day; while Dr. Tyler Smith considered that turning would probably have succeeded, had it been at first tried, without resorting to perforation.

A NEW PRINCIPLE OF TREATMENT AND APPARATUS FOR VESICO-VAGINAL FISTULA.

BY DR. ROBERT BATTEY, OF GEORGIA, UNITED STATES.

The principle which the author proposes to introduce in the treatment of this affection is moderate pressure upon the approximated edges of the fistula, with the object of so condensing the tissue as to make a water-tight joint, through which it shall be impossible for the urine to flow. The apparatus is so constructed as to give a power over an obstinate fistula for its ready closure, not heretofore possessed by any of the appliances in use—a power also which may be usefully exerted for bringing down the uterus and vagina so as to render the fistula easily

accessible. It is so constructed as to permit a full inspection of the edges of the fistula up to the last step of the operation, so that the operator may determine by the eye the exact co-aptation of the edges. The compress and splint are combined in a simple leaden bar, which has a row of perforations on one edge and notches on the other; by this arrangement enabling the operator to avail himself of the advantages above mentioned.

Mr. BAKER BROWN observed that the plan recommended by Dr. Battey would only apply to the simple transverse lesion, running in a straight line, and therefore could not be considered an improvement on Bozeman's button, which applied to all forms of fistula. It is notorious that these lesions are frequently very tortuous, and in such the plan just exhibited by Dr. Battey would not answer. Mr. Brown had lately invented a simple and certain mode of securing the sutures by a small bar clamp, which he exhibited to the Society. He intended shortly to place details of his plan before the profession.

ON THE STATISTICS OF MIDWIFERY, FROM THE RECORDS OF PRIVATE PRACTICE.

BY ROBERT DUNN, F.R.C.S., ETC.

In this paper was comprised a summary view of the author's midwifery records for twenty years. He began by expressing his conviction that the records of private practice might be usefully and advantageously contrasted with the statistics of lying-in hospitals and public institutions; and that, while his own experience could only be brought to bear upon the working and middle classes of society, he hoped—seeing how important was the influence which the different modes and habits of life had upon the parturient process—that other Fellows of the Society would not be wanting to supply the desiderata in relation to the other grades and ranks of social life: not only to the highest, to those living in the lap of luxury, surrounded by the elegances and enjoying all the indulgences of life, but also to the lowest, to those sunk in the depths of indigence, ignorance and penury, and often without even the ordinary comforts of life. The author considered that what had been said of statistics in relation to medicine in general, applied with peculiar force to obstetrics in particular; for what we wanted in midwifery "were facts, comparable facts, numerous facts, well observed, carefully arranged, minutely classified, and acutely analyzed."

From 1831 to 1850, a period of twenty years, he had registered 4049 cases of midwifery as occurring in his practice. Of these, after deducting 228 for premature births, there were 2133 male, and 1688 female children. In regard to plurality of infants, there were 2 cases of triplets and 45 of twins. He had met with 3 cases of monstrosity, one of which was worthy of notice, and had been put upon record in THE LANCET for April 27th, 1844. It was that form of monstrosity which Dr. A. G. Otto has designated *Monstrum humanum sereniforme*. He had met with one instance of the hydatidiform or vesicular mole, and several cases of cranial blood-swellings, 3 of hare-lip, 4 of cleft palate, 3 of spina bifida, and 5 of imperforate anus. In one of the last, Amussat's operation for artificial anus in the left lumbar region was attempted, but was not successful—the descending colon was found to be impervious and not larger than a crow-quill.

There were 170 still-born children in all, from various causes, and in 30 cases death was attributable to the pressure of the cranial bones upon the brain in tedious and difficult labours. There were 60 instances of preternatural presentations. Of 11 cases in which there was a prolapsus of the funis, 8 were born dead; and of these, in 3 instances the cord came down with the head, in 2 with the head and arm, in 1 with the foot, and in two with the shoulder. Of 25 breech presentations, 9 were still-born; and of these, 5 were putrid. There were 3 face presentations, 1 child dead; 11 cases face to pubes; 2 head and arm, both dead; 3 hand, and 3 footling cases.

In the use of the forceps the author confessed to have had but slender experience. Impressed with the importance of the maxim, that "a meddlesome midwifery is a bad midwifery," he had always, in the absence of danger to the life of the mother, and when convinced, in his own mind, that the natural efforts would effect delivery, been content to wait, and had avoided instrumental interference. He had had ten cases of craniotomy: two proved fatal to the mothers—one from sloughing of the bladder, the other from a tumour at the neck of the womb. Once satisfied that the child was dead, he had never hesitated to have recourse, without delay, to craniotomy. The use of the stethoscope, in such cases, he considered of paramount importance. Of placenta prævia, six cases had occurred in his practice: three since the promulgation of Dr. Simpson's views and mode of treatment. He gave a brief narrative of two of these: one as having presented evidence to his own mind that the detached portion of the placenta, from its appearance and condition, had afforded the channel through which the blood had gushed; and the other as being an instance of the instantaneous arrest of the hæmorrhage as soon as the placenta had been entirely and completely separated from the uterus. He had met with thirty cases of adherent placenta requiring the introduction of the hand into the uterus; and four instances of the hour-glass contraction. He had witnessed two fatal cases from sheer exhaustion after delivery, where the hæmorrhage before the birth of the child had been great; and one fatal case of internal flooding. Other fatal cases of exhaustion he referred to, which were unconnected with the loss of blood. One interesting and instructive case had come under his notice, in which, while the mother lay in a state of coma from an apoplectic seizure, and the phenomena of life were reduced to a mere series of automatic movements, a fœtus of five or six months was expelled from the womb. Of twelve cases of puerperal fever which had occurred, three were acute, and terminated fatally. In one of these, the placenta had been found adherent, with hour-glass contraction of the uterus, and great hæmorrhage. In all, excepting where an hereditary tendency existed to mental disease, the loss of blood had been great. Of puerperal convulsions, he had met with four cases—none fatal; of phlegmasia dolens, six, and two proved fatal; of scarlatina, three, and one died.

Dr. BARNES made some brief observations—the hour for the separation of the meeting had arrived—on Mr. Dunn's treatment of his cases of placenta prævia, to which Dr. WALLER replied, as he had partly been responsible for their management.

Dr. TANNER remarked that the ruling law in Mr. Dunn's practice seemed to have been the old proverb, that "meddlesome midwifery is bad." Dr. Tanner considered that this rule was the cause of a great deal of mischief. In practice it was not only necessary to consider the life of the mother, but also to how great an extent we might beneficially mitigate her sufferings. A lingering labour could hardly be otherwise than injurious to both mother and child. Although his practice had been much smaller than Mr. Dunn's, yet during the last twelve years he had employed the forceps much more frequently than this gentleman, and had obtained only the happiest results from such a proceeding. He had never found the slightest mischief result from it either to offspring or parent.

Mr. BAKER BROWN said he was glad to hear the opinion just expressed by Dr. Tanner. In almost all the cases of vesico-vaginal fistula which had come under his care, this accident had happened from the long retention of the fœtal head in the pelvis, giving rise to inflammation and sloughing. In reply to an observation from Dr. Graily Hewitt, that he had traced cases of vesico-vaginal fistula to the improper use of instruments, Mr. Brown stated that he had only known of one such instance.

PATHOLOGICAL SOCIETY OF LONDON.

MR. FERGUSSON, PRESIDENT.

DR. WILKS presented the following specimens:—

I.—TYPHOID DISEASE OF THE LARYNX.

This came from a young man who died under Dr. Addison's care in Guy's Hospital. The intestines presented the usual appearance, and the lungs were hepatized; but besides these there was found a small slough at the back part of the larynx, near the vocal cords, which laid bare the arytenoid cartilage. The specimen was exhibited as affording an example of an occasional complication of typhoid fever, comparatively rare in this country, but described by Huss and other continental writers.

II.—ANEURISM OF THE SUPERIOR MESENTERIC ARTERY.

A young man, admitted into Guy's Hospital, under Dr. Gull's care, for subacute rheumatism and disease of the heart consequent upon a former rheumatic attack, after being in the hospital some time, died rather suddenly. The aortic valves were found retroverted and covered with vegetation, and fibrinous masses existed in the spleen and kidneys. In the abdomen, a large quantity of blood was seen behind the peritoneum, and in the mesentery. On removing the blood an aneurismal sac was found ruptured on its surface, of the size of a small egg, and situated on the superior mesenteric artery. The specimen was interesting on account of its rarity, but still

more, pathologically, from its connexion with acute disease of the endocardium, an association of disease too common to be regarded as merely accidental.

III.—CONGENITAL SYPHILITIC DISEASE OF THE LIVER.

This was brought to the Society because a fresh specimen, although no positive history of syphilis had yet been obtained from the parents. The child was a small, puny, cachectic-looking object, and died of the sequelæ of scarlatina. The liver was found fissured all over the surface, and full of small fibroid nodules, of a hard, leathery consistence, which by their contraction had caused a great puckering of the tissue. There were no tubercles discernible in any part of the body.

Dr. PEACOCK exhibited—

I.—MALFORMATION OF THE HEART, IRREGULAR COURSE OF THE AORTA, AND ORIGIN OF THE PRIMARY VESSELS.

The subject of this case was a boy who was under the care of Dr. Brinton at the Royal Free Hospital, and was sent by that gentleman to Dr. Peacock. He was born at the full period, and of healthy parents; and at birth, his mother stated, he was a healthy child. When three weeks old, he was noticed by a medical man to be unusually dark coloured; and from this time the lividity became more marked. At the age of seven or eight months, he began to suffer from suffocative attacks, ending in convulsions; and of these he sometimes had several in the day. He became remarkably cyanotic, vomited his food, and had constant diarrhœa; he was excessively restless and irritable, became extremely emaciated, and died exhausted when one year and ten months and a half old. The heart was found to be much larger than usual in a child of the age. The right ventricle was very large and its walls thick, and it constituted nearly the whole anterior portion of the organ. The pulmonary artery was of very small size, and divided shortly after its origin into the usual branches. There was no ductus arteriosus. The aorta arose from the right ventricle, but communicated with the left by an aperture in the septum. The right auricle was very large, and the foramen ovale closed; the left auricle and ventricle were relatively small. The aorta followed an unusual course, passing over the right bronchus, and thence to its ordinary situation on the left side of the bodies of the vertebræ. The branches given off at the arch were irregular. Soon after the commencement of the vessel, the two carotid arteries arose, and passed up on the sides of the trachea. The right subclavian artery next passed from the vessel, where it was making its first turn; and then the left subclavian arose from the aorta, at the back of the trachea, and passed outwards, lying behind the left bronchus immediately at its commencement.

Dr. Peacock considered the case as an especially interesting one:—1st. From the intensity of the cyanosis, which exceeded what he had seen in any other case. 2nd. From the variable character of the physical signs. It had been observed both by Dr. Brinton and himself, that while the child was tolerably quiet the double cardiac sounds were distinct and natural; there was occasionally a loud systolic murmur audible over the whole front of the chest. 3rd. From the absence of the ductus arteriosus, the irregular course of the aorta, and the unusual distribution of the vessels at the arch. From these peculiarities Dr. Peacock inferred that the bronchial arches which form the right aorta had been persistent, while those which are usually persistent, and form the left aorta, had become abortive. Tiedemann and Quain and Maclise have figured similar irregular origin of the primary vessels from Walthus and Boehmer; but it did not appear that in those instances the aorta had followed an irregular course, or that the conformation of the heart had been defective.

II.—OBSTRUCTIVE AND REGURGITANT DISEASE OF THE AORTIC VALVES, WITH REGURGITATION THROUGH THE LEFT AURICULO-VENTRICULAR APERTURE.

The subject of this case was a girl fifteen years of age, who was an in-patient of the Victoria-park Hospital for Diseases of the Chest. She had had rheumatic fever six years before, and had suffered from symptoms of cardiac disease for four years. She was first admitted into the hospital on the 11th of March, and was then suffering from dyspnœa, palpitation, and some œdema, especially of the lower extremities. The præcordial region was very greatly protruded, the cardiac dullness much increased in extent, and the pulsation widely diffused. The pulse was irregular, and a loud systolic murmur was audible over the whole præcordia, and most intensely below the left nipple. While in the hospital she greatly improved; the œdema subsided, the pulse became regular, her breathing was less hurried, and she gained strength. At her own wish she was discharged on the 16th of June, and at that time, in addition to the systolic murmur audible both at the apex and base, there was a slight murmur which was heard at the base, and followed a loud diastolic sound. She continued much the same after her discharge till about the 14th of September, when she was seized with sickness, vomiting, and diarrhœa, and became much prostrated. She was readmitted into the hospital on the 28th of September. She was then greatly exhausted, the dyspnœa was very urgent, and she was constantly in a nearly syncopic state. The physical signs continued much the same as before. There was a systolic murmur heard most intensely at the apex, but a systolic sound was also audible at the base, and was followed by a distinct diastolic sound. She died exhausted on the 6th of October. On examination, the pericardium was found universally attached by old cellular adhesions. The heart was very greatly hypertrophied and dilated, and weighed, with the adherent pericardium, twenty-five ounces (avoir.) The hypertrophy and dilatation, though involving both the right and left auricles and ventricles, were much the most marked on the left side. The aortic valves were thickened, and one of the segments fell below the proper level so as to allow free regurgitation from the aorta into the left ventricle. The left auriculo-ventricular aperture was much dilated, and the valves were incapable of closing the orifice. The left auricle was very large, its walls thick, and the lining membrane thickened and opaque.

Dr. GIBB exhibited specimens of

CANCER OF NEARLY ALL THE VISCERA, CONJOINED WITH ALBUMINURIA OF ONE KIDNEY, AND SACCHARINE URINE OF THE OTHER.

The patient was a female, fifty-five years of age, who had been affected with cancer of the uterus for four years. Three years ago, two operations were performed for its removal by Mr. Hutchinson. The disease, however, returned, and destroyed the neck of the uterus, the anterior wall of the vagina, and the posterior part of the bladder, the urine dribbling from this general cavity for upwards of a year. She died on the 13th of October, the left leg being in a state of gangrene. On examining the body eight hours after death, the lungs, pleura, and bronchial glands were seen to be affected with cancer, the former containing distinct tuberculous masses as well, some as large as an egg. The liver weighed four pounds, and contained a number of circular cancerous tubercles, varying in size from that of a pea to a diameter of two inches; many of them projected upon the surface, the nodulations being distinctly felt during life. It was a good example of the tubera circumscripta of Farre. The stomach, pancreas, and entire alimentary canal were normal, although adhesions were frequent between their peritoneal surfaces. The spleen contained a cancerous nodule. The right kidney weighed, with the fluid contained in its dilated pelvis, seven ounces and three quarters; the left, much smaller, weighed, with its fluid, three ounces. From both extended dilated ureters filled with urine. The urine in the larger kidney was of the specific gravity of 1026, feebly acid, and contained sugar, as proved by the usual copper and other tests; that in the left was of the specific gravity of 1015, neutral, and contained much albumen. The larger kidney had two cancerous tubercles in its substance; the smaller kidney had the greater part of its substance absorbed, and formed a mere sac. As observed during life, the bladder, uterus, and vagina, with both ovaries, were extensively engaged in the disease, and the large cavity formed by the three first-named organs was affected with the epithelial form of cancer. The remaining portion of the uterus and the right ovary were diseased with the scirrhous form, and all the other organs already mentioned with the medullary form of cancer. Thus were present three varieties of cancer in one body; cancer and tubercle coexisted in the lungs; one kidney secreted saccharine, and the other albuminous urine, the specific gravity and general characters of each varying considerably. The termination of the dilated ureters in the bladder was unaffected, but no urine could be obtained from the bladder for examination during the last nine months of life. This discovery in regard to the difference of the urine in each kidney is one of much novelty and practical interest.

MEDICAL STUDENTS.—We are informed that at the present time there are 1063 gentlemen pursuing their professional studies at the various hospitals in this metropolis, being an excess of 42 over the number of last year.

Reviews and Notices of Books.

An Account of the Life, Lectures, and Writings of William Cullen, M.D. By JOHN THOMSON, M.D., Professor of Medicine and General Pathology in the University of Edinburgh. In two vols. Vol. 2, commenced by Dr. JOHN THOMSON and Dr. WILLIAM THOMSON, and concluded by DAVID CRAIGIE, M.D., F.R.S.E., &c. &c. pp. 668, 764. Edinburgh: Blackwood.

MORE than a quarter of a century has now elapsed since the first volume of this biography appeared before the public. In 1841, three hundred pages of the second volume were printed under the joint revision of Dr. Thomson and his eldest son, when the further progress of the work suffered an interruption in consequence of the removal of the latter to the University of Glasgow. At intervals, when father and son met, they prosecuted their labour of love to the extent of another hundred pages, when the illness, and, finally, death of Dr. Thomson, senior, in 1852, "prevented the fulfilment of a design which both the authors had deeply at heart, and for the accomplishment of which they had laboured incessantly during many years." The literary remains passing into the hands of Dr. Allen Thomson, the Professor of Anatomy at Glasgow, this gentleman persuaded Dr. David Craigie to complete the task of the biography of Cullen. From p. 401 onwards, the latter part of the second volume is the work of Dr. Craigie. The present editor, Dr. Allen Thomson, has prefixed to the first volume a short biography of his father, as also a biographical notice of his brother, Dr. William Thomson. We have here two goodly volumes; but it would seem that the original author must have once intended a more voluminous undertaking in respect to the life of Cullen. He left matter for such purpose.

"But the present editor, in concert with Dr. Craigie, became aware, in reviewing these materials, that to have carried out to its full extent the plan indicated by Dr. Thomson's writings would have swelled the work to such proportions as they conceived would be unsuitable in the altered circumstances in which it was now placed.....The changes of modern medical science necessarily diminished, in a great degree, the value of the discussion of bygone speculative opinions in the estimation even of the learned reader of the present day.....With respect to the personal and private history of Cullen and his family the editor and Dr. Craigie have to regret the paucity of direct and accurate information arising from removal by death or absence of almost all those who could have supplied this history in greater detail. Even Dr. Thomson had found the greatest difficulty in obtaining reliable information of this kind at a much earlier period. How much less prospect could there now be of satisfying the curiosity of the reader when the only grandson of Cullen is already approaching the age of fourscore years!"

It is well, however, that Cullen's biography has at length been completed, as it not only constitutes an extended account of the doctrines of one of Great Britain's most illustrious physicians, but forms an interesting and important contribution to the general history of medical science. Cullen was a great man. Scotland has a right to be proud of him; and it is questionable whether, until the completion of this biography, his deserts had been placed upon a sufficiently prominent and proper basis.

To view Cullen in his proper light, we must go back to the time when he first ascended the academical rostrum, laden with the three great systems of Stahl, Hoffman, and Boerhaave. We must see him throw these off with their overloads of *animism*, *solidism*, and *eclecticism*; and though perhaps scarcely making the discovery of a single sensible phenomenon, creating a new epoch in our art by distinguishing and selecting amidst an immense mass of heterogeneous materials those facts only which were regular, constant, and universal, and rejecting those which were accidental, frivolous, or but imperfectly ascertained. A vast mass of incomprehensible, impracticable doctrine was swept out as if by magic from the schools, where too often the "shining light" seemed to teach little beyond the art of

> "Bottling up dullness in an ancient bin."

The following observations of Dr. Craigie aptly exhibit Cullen's peculiar claim to reputation:—

"Those readers who have perused with any degree of attention the pages of these volumes will have little difficulty in perceiving that Dr. Cullen, in making the various changes in the theory and practice of medicine which it has been our duty to record, was neither rash, reckless, indiscriminate, nor injudicious. He cannot be classed with those innovators who regard as useless and untrustworthy all that has been done before their own time; who refuse to their predecessors and contemporaries all credence; who, in desiring to remodel the science and reform art, think it necessary first to destroy and demolish all that has been previously established. Assertions of this kind were, indeed, propagated regarding his instructions; but they were the offspring of imperfect knowledge or of misrepresentation. Cullen proceeded in a manner much more rational and cautious. The main object which he had in view was to separate truth from error, facts from fancies, theory from hypothesis, and serviceable practical illustration from the illusions with which a long course of ignorance, indolence, error, and superstitious veneration for authority had involved the theory and impaired the efficiency of the practice of medicine. In the performance of this duty, he treated with reverence and delicacy all the truly useful parts of medical doctrine and practice. The strong and powerful judgment with which by nature he had been endowed, he industriously employed in distinguishing what was sound and good from that which was worthless and unprofitable. The latter only he rejected, the former he retained."

But with all his acuteness and philosophical cast of mind, Cullen was of course but human; and though he fairly routed the fancies of others, he yielded to an overwhelming idea of his own: this was, the doctrine of *spasm*, which served him to unlock, as he thought, the *arcana arcanissima* in the theory of medicine. But, as it has been well remarked, the practice he founded upon an erroneous theory turned out so good that we cannot refuse him the high honour of having been one of the great improvers of the art of healing; thus substantiating the opinion of the eminent Dr. Thomas Young of Cullen's writings on the practice of medicine—that they are extremely valuable and elegant productions, rather incumbered than improved by some hypothetical speculations. No better illustration can be offered the young physician of the present day of the high character of Cullen's teaching than the result of the comparison which he may draw for himself between Cullen's theory of fever and that of the more advanced school of the current time. For his theory of fever the great Scottish teacher has been abundantly condemned, not to say abused. It has been declared to be a web of fallacious hypotheses, or as infinitely too theoretic, or as contradicted by the common occurrences of practical medicine. Armstrong, Southwood Smith, Tweedie, and others have condemned it; whilst, from its standing at the portal of his great work, others who were dissatisfied with it would advance no further, believing that it must vitiate all that would follow, and hence contracting a general prejudice against Cullen and all that he wrote. But there are yet men to appreciate Cullen; men like Virchow, *e.g.*, who has said—* "Cullen has with much aptness—as it appears to me—commenced the history of fever with a first stage of *debility*, and upon which are consequent the stages of cold and heat," &c.

Leaving out the question of *spasm of extreme vessels*, what are the leading dogmas of Cullen's famous theory? 1. That there is primarily a state of debility of the nervous system. 2. That this state induces changes in particular dynamics of the frame. 3. That the remote causes of the primary state are of a sedative character, derived from marsh miasmata and human contagion. Mingled these important axioms are, no doubt, with others less worthy of our notice; but the grains of wheat are easily winnowed from the chaff. And now to what

* Handbuch der Speciellen Pathologie und Therapie, band i., s. 33; art. "Das Fieber."

is the theory of fever of our own day—the theory of Virchow, Traube, Parkes, and others—reducible? Why, to this:—1. That there is primarily a paralysing influence exerted over the *vagus*, or upon the *sympathetic*, or over both. 2. That this permits of increased metamorphosis, over-oxydation, excessive tissue change. 3. That the main sources of the poisons having this paralysing influence upon the vagus and sympathetic are, on the one hand, the over-crowding of human beings, or "*ochlesis*;" and on the other, the decomposition of organic matters, or, as Dr. Murchison would say, we presume, "*pythogenesis*." True it is, then, that although we may be great men in these days—

"Vixere fortes ante Agamemnona."

We sincerely trust that this at length completed biography of Cullen, and history of an important epoch of modern medicine, may find a wide circle of readers. The combined labours of those two eminent *medici*, Thomson and Craigie, have resulted in so admirable an epitome of the changes and progress in the science and practice of our art during the last century, as to entitle this work to a place of first importance in the library of the learned of our day.

Foreign Department.

EXPERIMENTS OF MESSRS. PHILIPEAUX AND VULPIAN ON THE REGENERATION OF NERVES AFTER SECTION.

IT is well known that when a nerve is separated from the nervous centres by a section on the distal side of its special ganglion, it undergoes a gradual alteration in its peripheric portion, in consequence of which the medullary substance of the tubes entirely disappears. When the peripheric segment unites again with the central segment, the former gradually recovers its normal structure and its physiological properties.

But it has been asked whether the peripheric portion of a nerve, separated from the nervous centre, remains in this imperfect state as long as the two segments divided by the section have not united. Should, in fact, the generation of nervous tubes in the peripheric segment be considered as a proof of physiological union between this peripheric segment and the central segment of some other nerve which has been artificially approximated, or between the two corresponding segments of the same nerve?

Experiments were undertaken by Messrs. Philipeaux and Vulpian to settle the question; and the results have been contrary to the opinions generally current on the subject. These gentlemen have seen peripheric segments of nerves, quite separated from the central segment, become extensively regenerated after having undergone complete degeneration. The experiments were made upon dogs, guinea-pigs, and hens, partly on mixed nerves, (the sciatic of guinea-pigs, and median of hens,) on motor nerves, (hypoglossal of dogs,) and on sensitive nerves, (lingual of dogs.)

It has thus been found that the peripheric segment of a nerve can recover itself, without uniting with the corresponding central segment; nay more, a segment, isolated by two sections both from the periphery and the nervous centres, may present a more or less complete regeneration. The experiment was made on the lingual nerve of a dog, six months old, and examined thirty-eight days after the section.

When the peripheric segment of a divided nerve has been regenerated without any union with the central segment, and a fresh section is made on that peripheric segment, degeneration will again occur in the whole periphery. This fact was proved by a ten days' experiment on the lingual nerve of a dog which had partly recovered in fifty days. The motor power reappears when the nervous tubes are again seen with all their characters in the peripheric segment of a motor or mixed nerve, which has been separated from the corresponding central segment, and consequently from the nervous centres; and the function is re-established with the regeneration of the nerve. As to the sensitive nerves, (the lingual, for instance,) it may be supposed, by induction, that they also completely recover their integrity. All the animals experimented upon were young.

WOORARA IN TETANUS; SIR BENJAMIN BRODIE'S CLAIM TO PRIORITY.

The Paris surgeons seem determined to give this dangerous substance a fair trial respecting its power of allaying spasm in tetanus. The case we lately mentioned (THE LANCET, Oct. 1, p. 350,) was unsuccessful; but M. Chassaignac has brought forward another at a late meeting of the Surgical Society, which ended favourably.

It relates to a young man, twenty-four years of age, who met with a gun-shot accident. The second toe was carried off, and the base of the third much crushed. The wound, a fortnight afterwards, was in good condition, when the patient was carried a distance of a few miles. On the next day the wound became painful, severe agony in the region of the right temple was complained of, and trismus set in two days afterwards.

An ointment with chloroform was used on the jaw, and musk and opium were given internally. The attending surgeons, Messrs. André and Taër wished to use woorara; but could not procure any. The case went on from bad to worse, and emprosthotonos being well marked, M. Chassaignac was called in consultation. The patient was ordered two grains of woorara in four ounces of water; a tablespoonful to be taken every hour: the wound to be irrigated every second hour with a solution of four grains of woorara in seven ounces of water, and to be immediately covered with lint. Some improvement took place after the first spoonful, when the jaws were considerably less rigid. The prescription was accurately carried out, and at ten o'clock next morning the patient was much better; the trismus, however, persisted, though only recurring in fits. The solution of woorara for the wound was now carried to the strength of six or eight grains for seven ounces of water; and, in three or four days, the dose of the remedial agent in the mixture was increased to three and four grains to the four ounces of water. The patient kept on steadily improving, but there was still some trismus left when the case was brought before the Surgical Society, twenty days after the first tetanic symptoms, and sixteen after the commencement of the treatment by the woorara poison.

Several members joined issue with M. Chassaignac, the principal objections being the following:—The woorara taken by the mouth has had no share in the improvement, as it is well known that the poison does not act when placed in contact with the mucous membrane of the stomach. The case was one of chronic, not acute tetanus, and such chronic cases are known to get well spontaneously. It is doubtful whether the wound absorbed any of the woorara, and the rule straightway to inject a solution of woorara into the cellular tissue should, for the future, be acted upon. It is not clear whether the poison was of the right kind; for it had not been tried upon animals before being used in this case, although it certainly was obtained at an establishment of undoubted respectability.

The use of the woorara poison in tetanus has been the occasion of a letter from Sir Benj. Brodie to M. Flourens, life secretary to the Academy of Sciences of Paris. Our distinguished countryman states that the idea of treating tetanus by woorara was started, and put in practice in England almost fifty years ago. Sir Benjamin made experiments in 1811 and 1812, to try and recall life into animals poisoned by the woorara; one of these experiments, made upon an ass, has often been mentioned. Mr. Sewel, who was present, observed that this agent might be of use in tetanus. A trial was made, but it did not succeed. Sir Benjamin Brodie remarks in his letter, that one or two successful cases of tetanus, in which woorara had been given, would not convince him of the efficacy of the poison in that disease, as the latter may, although of a formidable nature, end favourably in a certain number of cases, whatever treatment be adopted; or, in other words, independently of any treatment.

THE CHOLERA IN GERMANY.—Up to the 15th of Sept., there have been altogether, in Hamburg, 2436 cases of cholera; out of which 1194 died, and 1149 recovered; 93 were still under treatment. In June there were 27 cases; in July, 1025, (89 cases in a single day—viz., the 24th;) in August, 1217, (61 on the 16th;) and in September, up to the 15th, 135. On the 15th of Sept., only one new case was recorded. At Lübeck, the cholera made numerous victims from the 26th of July to the 8th of September. Altogether there were recorded 329 cases, and 163 deaths. It is considered that the epidemic has quite disappeared. At Goldberg, in Mecklenburg, there were in seventeen days 263 deaths, out of a population of 2700 souls. At Rostock, which numbers 26,000 inhabitants, there were 494 deaths from the 5th of July to the 17th of September.—*Deutsche Klinik et Gaz. Méd. de Paris.*

THE LANCET.

LONDON: SATURDAY, NOVEMBER 12, 1859.

Too fond a trust in the extreme doctrines of *humoralism* cost, it is said, the life of poor LOUIS XIII., the master of the great RICHELIEU. Tradition tells us that he took more than a hundred cathartics, and underwent about forty bleedings, in the course of a single year. Well, we pride ourselves upon being "much above that sort of thing" now; as SGANARELLE informs GÉRONTE (in the "Médecin malgré lui"), "Nous avons "changé tout cela, et nous faisons maintenant la médecine d'une "méthode toute nouvelle."

In what this method mainly consists the following anecdote, by Dr. THEOPHILUS THOMPSON,* may possibly suggest:—"A "venerable lady, more than ninety years of age, whom I once "attended, in answer to my arguments for the desirableness of "endeavouring to maintain the circulation with brandy, made "answer, 'Let me go home sober.'" We will not intrude our own proofs that the "nouvelle méthode" here indicated is a fashionable prevalency of the day. We prefer appealing to no less an authority than the last number of our professional "quarterly," in which a writer sarcastically tells us† that he hears of

"Acute pericarditis complicating rheumatism in its early stage as a matter of course or of necessity being treated with ammonia and a pint of brandy during the day; of typhoid fever from the onset, and under all circumstances, requiring a tablespoonful of brandy every hour; of its being suicide to take aught but gin and porter in pneumonia; and of 'mulled port' being brought to bear upon the paroxysms of acute gout."

The student is now brought up, we are also informed, "to consider gin and bottled stout to be almost panaceas;" and that whisky and opium have at length become "an institution" to most house-surgeons and hospital sisters. Stars and garters! is not the gentleman galavanting? or is this really true? Well, he may be a *leetle* warm in his colouring, but we think that he is near the mark. We certainly do *stimulate* in these latter days, and pretty generally too. "Keep the patient up," is the tantivy which the warder blows from his horn at the hospital, and which echoes back to us, in softened sounds, both from Whitechapel and Belgravia. Not long from this time future medical archæologists will be quarrelling about the genuineness and purpose of certain supposed "lancets" from the "London mud" as pugnaciously as the geologists and antiquarians have recently been discussing the flint instruments and arrow-heads found in the gravel beds of Amiens, Abbeville, and of this island. Can the departed spirits of the great medical heroes of days gone by rest quiet in their graves? Whisky and opium an institution! Gin and bottled stout panaceas! Bleeding the patient sheer nonsense! Nonsense, indeed! why the late Dr. GREGORY was in the habit of saying, only call him *early* to a case of pneumonia and he would be contented to dispense with all other aids than those of a lancet and water-gruel. This seems sensible enough; but there was, after all, no trusting Dr. GREGORY. He went, perhaps, as we may do with brandy-and-water, *tant soit peu* too far. We are told "he used to bleed to the verge of convulsions; but "that his colleague, Dr. RUTHERFORD, seldom went beyond "three bleedings, and generally accomplished his object by two, "judiciously timed and regulated." Mild and discriminating Dr. RUTHERFORD! Dr. BLUNDELL tells us that Mr. HENSLEY, "a gentleman on whom he could rely," declared that he had taken away (in two cases of pneumonia in men) a gallon and a half of blood in five days, and both patients recovered. Fortunate Mr. HENSLEY! Dr. BADELEY speaks of having abstracted five quarts of blood in five days in a case of "peripneumonia." Of Mr. CLINE'S case, we presume, everyone has heard. But to be clear about it, let us say, that in a case of concussion of the brain, in St. Thomas's Hospital, that surgeon took away 320 ounces of blood within the space of three weeks. In more recent days, however, Dr. ELLIOTSON never went beyond eighty ounces, and generally contrived to do with half the number. Mr. GUTHRIE, on the other hand, had faith in the way of old. Let us listen for a moment to this hero of blood and of battles:—

"In the year 1801, I found myself, not seventeen years of age, in charge of a regiment of infantry on the top of the Berry Head, the outermost point of Torbay. The men were soon attacked by pneumonia. I had been taught the practice of physic in London; had followed, amongst other avocations, the late Drs. Rowley and Hooper for three years, and, in consonance with their views, bled my patients three or four times in the first forty-eight hours.....In fact, enough had not been done.....My sixteen ounces became from sixteen to twenty..... I arrested the rapid course of the disease, but I did not effectively subdue it.....I, therefore, bled every man when he came into the hospital until he fainted, and repeated it every four hours, or even oftener, as long as pain or difficulty of breathing remained; and they sooner or later all recovered. Everyone, however, had taken alarm .....I soon became in good repute.... The lesson learned at Berry Head was not forgotten during the subsequent years passed in British North America.....One of the first of these I had to treat was in a grenadier some six feet three inches high, broad, and well-framed in proportion. He owned he had drunk a gallon of rum during the inflammation, and very narrowly escaped even with the loss of nearly as much of his blood abstracted in a few hours. His first bleeding was into the washhand basin, and until he fainted, lying on his back; and the bleedings were repeated as soon as he began to feel pain. I said to him, 'You will probably die, but it shall not be from rum or inflammation;' and whenever he felt pain he used to put his arm out of bed to have the vein reopened; for Jack Martin was a very gallant fellow.'"

We suppose we must accept Mr. GUTHRIE'S assurance for the propriety of, and advantage he obtained from, this practice; though what Dr. ALISON termed the "ingenious speculation" of Dr. HUGHES BENNETT is floating before our vision, and whence issues a warning voice telling us that "little "reliance can be placed on the experience of those who, like "CULLEN and GREGORY, were unacquainted with the nature "of, and mode of detecting, internal inflammations." But "seeing 's believing," says the proverb, and we presume *feeling* is, in some cases, a legitimate basis for belief too. If so, let us remember that Dr. ALISON, as regards pleurisy, and Dr. WATSON, as respects enteritis, bear personal testimony to the benefit they derived from venesection. From the celebrated Dr. RADCLIFFE and from Dr. GREGORY we already possessed a like assurance, derived from experience gone through in their

* Clinical Lectures on Pulmonary Consumption. London, 1854, p. 204.
† British and Foreign Medico-Chirurgical Review, Part xlviii., p. 353.

* Lectures on some of the more important Points of Surgery.

own persons. These all assure us that they would desire the same remedy if seized again by an apparently similar attack. Now, of any of these illustrious examples, speaking from a testimony so much to the point as to whether they were benefited or not by bloodletting, it may be affirmed, as Dr. GREGORY said of Dr. RADCLIFFE, that "he was at least no fool, and we may depend "upon it he would not have allowed a hundred ounces of "blood to be taken from him in one day without good reason "for it."

That the "JACK MARTIN" method of Mr. GUTHRIE, and the extreme views of what the writer in the *Medico-Chirurgical Review* denominates the "brandy-and-water school of young Medicine," are but the delusions of enthusiasts, we are satisfied. We certainly do not believe that, in days gone by, the *generality* of cases or of patients would bear, much less be benefited by, such spoliative treatment as we have alluded to; and certain are we that, at the present time, they would be damaged by it. But, on the other hand, we do not believe that "mulled port" is always useful in acute gout, and that it is ever suicide to take aught but gin and porter in pneumonia. We are positive, moreover, that the mass of patients get better without all this extreme stimulation of "young Medicine"—positive of it, if only for this simple reason, that they cannot afford to procure the panacea so highly recommended by many. It is all very well to say—and, of course, shows you to be in the advanced guard of science, that is something to go upon—"My dear fellow, if you don't keep him up with wine and brandy, you'll lose him, and no mistake about it." And if, happily for your own sake, you are oracular in Belgravia, of course the brandy-and-water the patient will have; but, *Heu! me miserum!* if it be at Shoreditch or at St. Giles's that your Delphic tripos is erected, what result can its prophetic warning then have? Why the patient must manage without the brandy!

A physician to one of our chief hospitals, who has treated fever in the *out*-patients of one of our largest dispensaries, and therefore can exhibit like a double-refracting spar, makes this confession:—

"Over and over again have I been surprised at the favourable termination of many bad cases.....Where little or no stimulant was made use of, patients to whom I should have ordered a large quantity of wine, had I had the opportunity, nevertheless recovered on the very small pittance they were able themselves to procure."—(Dr. WILKS, in "Guy's Hospital Reports," 1855, p. 85.)

We shall not stop to inquire what has been the cause of this great revolution in medicine, from the extreme of bleeding *ad deliquium* to brandy-and-water and the first stage of its intoxicating effects. We are told, and it may be true, that the type of disease has changed; that the human constitution has undergone a metamorphosis; that there are waves of time when disease is alternately sthenic and asthenic in character, and that ever since the occurrence of the cholera, disease has been of a low kind. It may be thus, we say, and also that our ancestors were right after all, *quoad* the waves of time in which they lived. But it can be otherwise, and that inflammation and fever, whenever and wherever they have occurred, have been of the same constitution; that the human system cannot change its properties; that disease is now what it ever was; and that, also, all positive knowledge of the experience of the past, as well as the more exact observation of the present day, alike establish the absurdity of bleeding and the propriety of brandy-and-water. But in default of our not being quite sure of the matter, we venture to inquire if it might not be a little more consistent with common sense, and more in consonance with true clinical experience, that we should not pursue the methods either of the extreme depletory school or of "Young Physic?" There are some men, we know, who have never lost a case of scarlet fever—at least they say so, and we believe them, and think them of most fortunate experience; there may be others whose patients have always done well under powerful depletion, and others again whose patients have ever required "mulled port" and bottled beer. All this may be so: we will not gainsay it; but we firmly believe the honest, unprejudiced experience of the ordinary run of practitioners would be opposed to it. It would, we are quite sure, tell us that they have lost cases of scarlatina—have had some patients improved by depletion, whilst others were made worse through it, and some patients for whom stimulants seemed admirably adapted, whilst in others they appeared to be quite uncalled for.

A STEADY course of reform is being pursued by the direction of the Army Medical Department. It will have the effect of enhancing the efficiency of military surgeons, and of raising at once the value and estimation of that department of the army. Largely increased emoluments and privileges have not been obtained without a searching inquiry, which revealed many deficiencies in the scientific qualities of the department, at the same time that they indicated the necessity for a more generous recognition of the vast services which it renders. Mr. SIDNEY HERBERT and Mr. ALEXANDER have diligently laboured to improve the relative estimation of medical officers, and have distinguished themselves by their zealous and penetrating inquiry into the causes of the Crimean disaster. The present reorganization of the service is founded upon the Report of the Commission, on which they served. Thus by their official conduct they now give effect to their declared convictions prior to taking office. Their project is founded upon a double basis, and provides for the highest intellectual fitness, at the same time that it seeks to insure an appropriate recognition of such deserts.

New Regulations have been issued, which were published in THE LANCET of last week. They require a diploma or licence both in surgery and medicine, and, in addition to the usual courses, the candidate for an assistant-surgeoncy must produce certificates of a course of practical operative surgery, three months' natural history or comparative anatomy, twelve cases of midwifery, and three months of ophthalmic surgery. The candidate will be examined in all these subjects. It is easy to perceive that such knowledge as is here indicated would for an army surgeon form a necessary supplement to his ordinary acquirements, and ignorance on either of these subjects might at any moment be attended with serious consequences to those under his charge. Some knowledge of physical geography is required. This the candidate may readily acquire from one of the established Handbooks; and if his advice is henceforth to have that weight which is claimed for it in the choice of site for camps, barracks, &c., it is obvious that total ignorance on this subject could not be tolerated. The candidates, after examination, will, according to their approved knowledge, be

arranged in three classes, and the report of the examiners will in all cases express the particular excellence of each individual; it will estimate his ability, and announce his fitness for any special service. This permanent record of capacity and attainment will serve for reference throughout the subsequent career of the aspirant.

These Regulations make further provision for the organization of a practical Army Medical School, where courses will be given on Hygiene, Clinical and Military Medicine and Surgery, Pathology of Diseases and Injuries incident to Military Service, and Applied Chemistry. These five courses will be of not less than four months' duration. The candidate for a commission who has passed the preliminary examination will be required to attend these courses, and at their conclusion to give "satisfactory evidence of being qualified for the practical duties of an army medical officer." The lectures are, of course, free; and pay is allowed during this period of novitiation. This will be pregnant with utility; it is a great boon to young military surgeons, and will greatly facilitate the satisfactory performance of their duties from the day they join their regiment. Hitherto, each man has needed to construct, as it were, a system of military surgery for himself, by adapting his general knowledge to the successive exigencies of military life in the order of their occurrence. Henceforth he will meet them forearmed, and starting from that level of acquired knowledge which it would have taken him years to reach, he may now hope to rise more quickly and usefully above it.

The organization of the Practical Army Medical School is elaborately laid down. It will have an independent existence under the Secretary of State for War, and be governed by its own Senate, in monthly congress. The Senate will include the five Professors and the Director-General. A library, reading-room, and museum will be attached. Everything in the arrangement of the School, and the courses of instruction, will bear reference to the specialties of the military service.

Medical Annotations.

"Ne quid nimis."

SHAM STATISTICS OF INSANITY.

WE called attention lately to the value of statistical statements, conscientiously rectified and corrected by the medical officers of hospitals for the insane, in relation to a report of the Abingdon Asylum. The results have a great value for the comparison of the success of various systems of treatment. They test the merits of great public asylums when contrasted with private institutions—of the "agricultural" treatment in contrast with domestic care; and they not only supply a necessary check to the operations of speculators in insanity, but, on a large scale, they afford a measure of the progress of mental therapeutics. The examination, however, of several recent reports—which it were invidious to mention, since the fault which is apparent in them very commonly prevails—has greatly disappointed us by reason of a grave defect. The results are given fairly enough, but so loosely and carelessly, with so little discrimination and so deficient a classification, that they are quite valueless for the most important scientific purpose to which such statements can be applied. A great scientific desideratum in the study of mental disorders is a facility of prognosis. We require to know whether such a patient, afflicted with dementia, with melancholy, or with mania, in any one of their specific forms, has a chance of recovery; at what period his recovery may be hoped for; and what may be the probabilities of recurrence. Delicate and difficult as such a problem always is in disease, it is at present almost insolvable in mental infirmity, and this from want of reliable information. In the published reports of asylums, the cases cured, discharged, and relieved, are commonly mingled in hopeless confusion: the subsequent history of those said to be cured is not traced; and the extent of relief, and specific character of the affection, are usually omitted, or very obscurely set forth. Yet there is no other disease in which the prospect of cure is fraught with more intense interest to those affected and to their relatives. Upon this it depends whether a business shall be abandoned, a livelihood destroyed, a commission sold, or a practice relinquished: the prospects of a whole family hang upon the decision. If the physician can give a hope that the puerperal mania of a mother, the emotional insanity of a husband, the melancholy of an only son, will yield to time and care, he may avert grave misfortunes; or, by falsely promising such a result, he may hinder the most necessary preparations. On all these points we have now little more than vague expressions of opinion to offer: the gradual and chronic dementia of decay is hopeless; the dementia immediately following acute mania, or complicated with acute melancholy, is far more hopeful. Intellectual delusion following emotional disorder is a much more favourable form than where the delusion is first in the order of sequence. Suicidal mania alone is greatly to be dreaded; less so when it springs out of acute melancholy or mania. When religious delusions can be connected with functional disorder, they may be removed; otherwise, they must excite the gravest fears. Such are the dicta of keen and experienced observers; but if we look for their confirmation to the great mass of statistical tables now published by the superintendents of asylums, we are unable to discriminate either the nature of the disease or the result with sufficient accuracy to draw any useful conclusion. We call serious attention to this matter; it is one of the gravest importance to the profession and to society. The time has arrived when the forms of insanity have been so far classified as to admit of careful distinction; and their treatment is a science to which the most exact methods of investigation should be applied. The conscientious discrimination of cases and cures will supply only the first element towards the foundation of a satisfactory method of treatment and prognosis. Under the system of supervision which the law provides for the insane, every establishment, great or small, should publish its results in a form calculated to advance the scientific study of all the forms of mental aberration.

AN UN-ENGLISH WELCOME TO A GERMAN PHYSICIAN.

ABOUT this season of the year, or a little earlier, the British public are commonly treated to the history of the hardships endured by some one of the travelling fraternity of Brown, Jones, and Robinson; who, voyaging in the precincts of continental despotism, may have been suddenly throttled by a *gendarme*, abruptly dragged before a *préfet*, inhumanly incarcerated in a guard-house, and tardily released with a polite apology for what is announced to have been "all a mistake." On such occasions the British Lion indulges in a national growl, the British trumpeter blows a triumphant peal in praise of our free institutions which render such mistakes impossible, and the British press denounces the insult offered to an Englishman. But accidents will happen, everywhere; and, by an unhappy error, a respected continental physician arriving on these shores has been most unjustly subjected to precisely such a course of annoyance and detention. The Austrian press can justly declaim against the tyranny and oppression of the English police; and it is ours to apologize and to offer reparation.

On Thursday, the 20th October, Dr. Biermann, military surgeon of the first class to the King of Hanover, arrived at Hull, on a scientific journey, having suffered terribly from tempes-

tuous weather. A telegram had reached the Prussian vice-consul, announcing that a certain Richard Tiemann, doctor in law, charged with the crime of forgery, would be found on board, and should be arrested. That individual was not on board; but the name of Dr. Biermann was held to be sufficiently cognate to that of the Prussian culprit to justify his arrest. Spite of passport, letters, and other means of identification, the much-wronged physician was stripped, everything but his clothes taken from him, shut up in a cold prison cell with eight pickpockets or other felons, interrogated magisterially, shut up the next night "with three other individuals, two of whom belonged to the very dregs of society and were covered with eruptions, in a damp, filthy enclosure, having one window with a pane broken; and shown a dirty and offensive mattress for his resting-place and a couple of dirty blankets for his covering." Rather than lie down, he paced about in the cold till morning. Similar outrages were inflicted next day, and it was not until Saturday that he was set free, at four o'clock, without the usual apology for "the error." Undoubtedly, Dr. Biermann will receive ample reparation at the hands of the authorities for this outrage, so far as it can be repaired. But the past discomfort and detention cannot be undone; and no compensation can be made for the extreme pain and possible dangers incidental to such companionship as was thrust upon him. We understand that Dr. Biermann, who is now in London, proposes to visit the various metropolitan hospitals for scientific objects. It may be hoped that the courteous welcome which the surgeons and physicians of those institutions never fail to accord to their foreign *confrères* will efface the recollection of a reception which has disgraced the English character.

THE HEALTH OF THE COUNTRY.

THE health of the country during the last quarter has been favourable. A diminution in mortality has occurred in towns, and hence it is fairly attributed by the Registrar-General to the abolition of cesspools, the purification of the air, and the various sanitary works which many of them have carried out. The increase of the population of the United Kingdom (an excess of births over deaths) occurs at the rate of about 1042 per day, which, at the ordinary rates of mortality, will supply 347 daily of the age of twenty. Thus we can estimate the rate of growth of our population, and, regarding England as a nursery for one of the finest types of the human race, rejoice alike in our prolific production, and in the possession of noble colonies, to which the energies of these sons of English soil may be usefully transplanted. Nevertheless, it must be recorded that the number of deaths is in excess of the standard mortality of sixty-three healthy districts in England by 30·806. These deaths represent an immense material loss to the country, which would be vastly swelled were the proper additions made to it for direct and indirect expenses of attendant and concurrent sickness. They are the result of causes which are removable, and which it is undoubtedly "the duty of every member of the community to endeavour to remove." The remedies are mainly complete drainage, a pure and plentiful water supply, and free ventilation. In addition to the want of these, the mortality of the people is enhanced by local and temporary causes, more or less under control, such as trade failures, strikes, deficient wages, ignorance and neglect of mothers, and insufficient medical attendance. Thus the Registrar of East Wymer has reported that "the large number of deaths (18) from atrophy seems, on inquiry, to depend on improper food, from the mothers not suckling their children, as they say it would interfere too much with their work." The Registrar of Bilston says well, "I fear that little notice is taken of illness until secondary symptoms appear, when medical aid is too late. Persons first apply to a druggist, and afterwards to a medical man, but not till the day before death." These are accidental causes of mortality, but sufficiently wide-spread to deserve attention. The work of sanitation promises to go on bravely in all that relates to air, water, and drainage. The medical practitioners who first started and impelled this movement may continue the good work by exposing all other sources of wholesale disease.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

FIRST ANNUAL GENERAL MEETING.

THE first annual general meeting of this Association, in pursuance of a resolution passed at its formation, took place on Wednesday, Nov. 2nd, at the Freemasons' Tavern. The room was nearly filled by a large number of the most respectable practitioners, chiefly resident in the metropolis and its suburbs, and who were members of the Association. Copies of the rules and bye-laws, and of the balance-sheet for the year, as also printed lists of the members, were handed to each as he arrived.

Shortly after three o'clock, Dr. LADD, the hon. secretary, announced that Dr. G. WEBSTER, of Dulwich, by virtue of his office as president, would take the chair, which he accordingly assumed, with the applause of the meeting.

The CHAIRMAN, in his opening address, congratulated the members of the Association, as well as the profession generally, on the success which had been achieved during the first year of its existence, as evinced by the number of members shown in the printed lists, and the result of the legal and other proceedings which had been pursued. He considered that the mode in which the Association had been conducted was highly creditable to those gentlemen who had undertaken its management. He looked upon the existence of this Association as a great fact. The Medical Act was found to contain much more that is strong and useful than he had thought it possessed. He hoped that the profession would support a Society which had succeeded in bringing cases to such decisions in courts of law as must eventually make delinquents cease their evil practices. He was glad to perceive that a kindred Association had sprung up in the Netherlands, and he read the report of its formation and objects from THE LANCET of Oct. 29th. He proposed that a fraternization should take place between the two Associations, and that the future President and Hon. Secretary should proceed to the continent to represent this one at the next general meeting of the Netherlands Association. He then called on

Dr. LADD, who read the following

REPORT.

After the passing of the Act to regulate the qualifications of practitioners in Medicine and Surgery, which came into operation on the 1st day of October, 1858, some of the leading members of the medical profession in London suggested that an Association should be formed for the purpose of watching the operation of the Act, for preventing unqualified practitioners from having their names on the Register, for prosecuting parties acting as qualified practitioners who were not so, and generally for securing to the medical profession the benefits intended by the Act of Parliament, and protecting the public against the impositions of quacks and ignorant pretenders.

Accordingly, a meeting was convened at the British Coffee House, Cockspur-street, Charing-cross, on the 26th day of October, 1858, and Dr. George Webster having been called to the chair, it was unanimously agreed that an Association should immediately be formed, to be called "The London Medical Registration Association." Subsequently, a President, Vice-Presidents, and other officers, were appointed, and a Committee and Vigilance Committee were elected.

One of the first acts of the Committee was to issue an address to their medical brethren, stating that unless the Registrar was assisted by the profession, unqualified persons would, by false pretences and statements, impose on him, in order to get their names on the Register; and the Committee solicited the co-operation of the whole of the medical profession with the London Medical Registration Association to frustrate such designs. The address also stated, that if vigorous support were given to the central body, it would obviate the necessity of forming other local Registration Associations in the metropolitan districts, and those already formed were invited to join the London Medical Registration Association. It indicated the intentions proposed to be carried out, and also mentioned that one purpose of the Association in watching the working of

the Act would be, from time to time to suggest to the Government such additions, alterations, and improvements in legislation on medical affairs as might be found necessary. The address further endeavoured to impress on the profession the great importance of union at this time. The members of the profession were then by the address urged to join the Association, as it was evident that no proceedings against unqualified persons, or other matters for the protection of the interests of the profession, could be undertaken by the Association until the Register was published.

Soon after the formation of the Association, the Honorary Secretary inquired at the office of the Registrar of the mode in which it was proposed to register parties applying to be registered; and the Committee, having carefully considered the system adopted by the Registrar, deemed it their duty, on behalf of the profession and the public, to remonstrate against its being conducted in what they considered an imperfect and unsatisfactory manner. The Vigilance Committee, therefore, on the 22nd of December last, waited upon the Registrar by appointment, and after showing him numerous ways in which it was possible for unqualified persons improperly to obtain admission on the Register, they laid before him a "form" of application for registration prepared by the Committee, and which they thought would meet every case, and afford proofs of the identity of persons claiming to be registered under the Act. The Registrar stated that he was entirely in the hands of the Executive Committee of the Branch Medical Council for England, and expressed his great confidence in the powers of the Medical Act to remedy fraudulent registration by the subsequent erasure of the names of persons who might improperly obtain admission upon the Register. These facts having been laid before the Committee, and it being considered important that unqualified persons should be prevented from obtaining a certificate of registration, resolutions were passed that the mode adopted by the Registrar for registering practitioners under the new Medical Act was, in the opinion of the Association, loose and inefficient, and did not afford adequate security against fraudulent registration, and the Committee therefore urged the adoption of the form previously recommended. Copies of these resolutions were forwarded to the Executive Committee of the Branch Medical Council, and no reply having been received by the Committee, a protest (*vide* THE LANCET, vol. i. 1859, p. 68) was forwarded by the Association to the President of the Medical Council.

The Committee afterwards observed a slight improvement in the system of registration. The Registrar, however, did not adopt the form proposed by the Committee, and this unhappily prevented sufficient caution being used to ascertain the right of applicants to register, from whom satisfactory proofs of qualification should have been required. Thus the onus of proving illegal registration has been thrown upon the profession. Great labour has been imposed upon the Association in discovering and producing evidence satisfactory to the Medical Council, for their justification in erasing the names of persons found after registration to be unqualified. A large number of practitioners, both in London and the country, have been registered by means of this Association upon the "forms" as recommended by the Committee, and which affords a perfect guarantee of the right and qualification of such persons to be registered. Previous to the publication of the Register, application was made by the Association to the Medical Council for the privilege of examining the proof sheets before publication, but this application was refused.

Numerous cases of unqualified and doubtful persons practising medicine, brought under the notice of the Association, have been forwarded to the Registrar. A letter was sent by the Hon. Secretary of the Association to each of these persons, "warning" them against practising illegally, and stating that should they continue to do so after such notice, the Association would be bound to adopt legal proceedings against them. In consequence of these communications, some unqualified practitioners have dropped their assumed titles, others have given up practice altogether or retired from their former haunts, and some have appeared before the Committee of the Association, and made promises to abandon their illegal pursuits.

The Association have interposed to defend young men against most extravagant demands made upon them by secret-disease quacks, and they are in possession of many letters from dupes, as well as from their solicitors, acknowledging the valuable aid afforded by the Association in forcing quacks to abandon their actions at law, which they had instituted for recovery of their demands. The name and existence of the Association appear already to have produced a salutary terror amongst unqualified practitioners.

In furtherance of the objects of the Association, the Committee have taken legal proceedings against several parties, and they can point with great satisfaction to the success attending most of the prosecutions.

In evidence of their success, the Committee refer to the favourable issue of the case of Crichton *v.* Bennett at Bow-street, on the 7th of March last, which was the immediate cause of the dispersion of a notorious gang of impostors.

Afterwards, the Association applied to the College of Surgeons to strike off from their list the name of Watters, one of the Bennett gang, and his name now no longer appears on that list.

The Association was also successful in advocating a case against Fresco, the dentist; and at the Bloomsbury County Court they defeated a notorious secret disease advertiser called Henery, but whose real name is Wray; and they recovered the sum of £10 (with costs), which he had extracted from a poor working man, who declared that, to satisfy the rapacity of that person, he had to deprive himself of food.

In June last, the Association also proceeded successfully at Gloucester against an ignorant quack named John Burton, who had by fraudulent means succeeded in getting his name upon the Medical Register, and he was duly convicted. In this case, the Medical Council was called upon to prosecute, as the Association considered that such was particularly their duty, the fraud being on their own Register; they, however, declined to do so.

On the 29th of July, the Association proceeded successfully against a dentist of the name of Nunn, for illegally assuming the title of Surgeon.

In two cases of prosecution the Committee have for the present been unsuccessful. In the one case, a person of the name of Scott was prosecuted before one of the metropolitan magistrates, and the Committee summoned the Registrar to produce in court the Register, to prove that Scott's name was not entered therein. The Registrar sent his clerk, and, to the great surprise of every one, it appeared that no Register had ever been made in accordance with the provisions of the Medical Act; consequently, the summons was dismissed, and the delinquent was allowed to escape. The Committee at once went to the Medical Council to apprize them of the fact of the non-existence of a Register, and that, by the negligence of the Registrar, the Act was for a time a dead letter, and the exertions of the Association were paralysed. Application was also made to several members of Parliament, in consequence of the Irish Medical Bill then being before the House of Commons, and the fact of there being no medical registry in England was publicly brought forward in that assembly. The defect was afterwards remedied, and through the vigilance of the Association, there does now exist a Medical Register. Proceedings were afterwards taken against Scott for recovery of the medical fees which had been paid to him in the case above referred to at Bow-street, which fees, with the costs, he promptly paid into court, rather than appear.

In the same case, Mr. Jardine, the metropolitan magistrate, decided (contrary to the express provisions of the Act) that the proof of a party not being on the Register lay on the Association who were then prosecuting. This decision was so utterly at variance with the Medical Act, that the Committee at once drew to it the attention of the Medical Council. Application was also made to the Home Office with regard to the conflicting decisions of the metropolitan magistrates, and also as to the application of penalties under the Medical Act; the magistrates contending that under the Police Act the penalty must be paid to the receiver of police, whereas the Medical Act states they should be paid to the Medical Council. At an interview with the Under-Secretary of State, the Committee were assured that penalties recovered in courts of law from persons practising medicine illegally should be paid over to the Medical Council, notwithstanding an apparently contradictory provision in the Police Act; and the Committee have reason to believe it is the intention of the Medical Council to allow the parties instituting proceedings under the Medical Act to receive the penalties recovered from illegal practitioners.

In a late case heard before the justices of the town of Kingston against a druggist of the name of Gould (an ex-mayor of the town) for having undertaken a surgical case, he not being a qualified and registered surgeon, it was clearly proved by the patient that she went to him believing him to be a surgeon, as he professed to be by having the word "surgeon" on his brass-plate in front of the house. But the justices, to the surprise of every one, decided against the Association, who immediately gave notice of appeal, and the matter will in due course be brought before the Court of Queen's Bench. Mr. Lush, Queen's

Counsel, has been specially retained on behalf of the Association in this case.

The Association, in contending against the illegal assumption of medical titles, has protested against dentists, who are not members of any College of Surgeons, usurping the title of "surgeon"-dentists. A correspondence has taken place with the College of Dentists, who claim a right to the use of the title by dentists, and the Committee intend to take proceedings to try the question in a court of law, on the ground that persons without the legal qualifications, as defined in the Medical Act, have no right to assume the title of qualified practitioners. These cases being of the greatest importance to the profession, the Committee have secured the best legal advice, and will spare no expense to obtain success, and they have no doubt the profession will assist liberally with the necessary funds.

The Committee refrain at present from entering upon proceedings against legally-qualified persons (as, for instance, apothecaries, who call themselves surgeons,) &c., believing that before provoking a contest within the profession itself, it is better to exterminate quackery *beyond its limits*, and to procure the expulsion of certain disgraceful adventurers from its ranks.

In this war against quackery, the Association has appealed to the public as well as to the profession to aid in endeavouring to put an end to indecent advertisements in the newspapers, by means of which a large revenue flows into the pockets of quacks, to the proportionate injury of legitimate practitioners; and the Committee consider that great credit is due to *The Times*, the *Morning* and *Evening Star*, the *Midland Counties Herald*, &c., which do not allow such advertisements to appear in their columns.

The Committee have recently had a conference with the Medical Council on many important points, and originated a mutual communication between the Council and the Association, which cannot fail to be productive of important results, and many suggestions emanating from the Association have been adopted by the Council.

From the foregoing statement, it will be perceived that both publicly and privately the Association has been of great utility to the community and to the profession during the short period it has been in existence, and the Committee are of opinion that much more might have been done but for the delay in publication of the Register. The Association invite their medical brethren and the public to subscribe to a "Prosecution Fund," exclusively appropriated to the suppression of illegal practice. To further this end, they have solicited the aid of the public through the medium of the press; and the profession are earnestly requested to encourage subscriptions from their patients for the same purpose, inasmuch as the public suffer still more than the profession from the prevalence of quackery. It is evident that the Medical Council will not be a prosecuting body. The duties of this Association, therefore, have become both onerous and expensive, since, in the interests both of the public and the profession, it appears that the duty is thrust upon Registration Associations to prosecute quacks and unqualified practitioners. If each registered practitioner would but become a member of this Association, and subscribe to its Prosecution Fund, such a sum would be raised as would speedily place the Association in a position effectually to put an end to the extortions of a multitude of impostors. Such an union of the profession would be attended with the happiest results, and if realized, it may be expected that an amount of power will thus be consolidated which will give a great weight to the Association in its communications with the Medical Council and officers of State, and will also enable it to speak with the unanimous voice of the profession in urging future legislative improvements calculated to serve the interests of the medical practitioners. Amongst many other subjects which have engaged the attention of the Committee may be mentioned the necessity for some enactments rendering it penal that unqualified practitioners should give certificates of death, and providing that in no case should a death be registered unless on the certificate of a duly-qualified medical practitioner.

The Committee of the Association has, from the first, held meetings monthly; and the Vigilance Committee, which has undertaken the executive duty, has continued to meet weekly for the despatch of business. Public meetings of the profession, convened by the Association, have been held in St. Pancras, Lambeth, Islington, Southwark, St. Marylebone, St. George's, Hanover-square, Bayswater, the east end of London, and Brompton; and preparations have been made for others in the remaining districts of the metropolis. These meetings have commonly resulted in valuable accessions of members to the Association; but it is felt that, in order to ensure due efficacy to its endeavours, it should number its thousands of members, instead of, as at present, its hundreds. The Association now consists of nearly 700 members. Several local associations, as those at Lambeth, Southwark, Bayswater, &c., have merged into it; and others, as the Hereford, Carlisle, Hull, Northampton, West Hartlepool, Bristol, North Staffordshire, Liverpool, Nottingham, Newport (Monmouthshire), Lincoln and Lincolnshire, Devonport, &c., Registration Associations have entered into co-operation with the metropolitan Association, and have subscribed to its funds. The Committee are quite satisfied that, if the members of the profession will but unite heartily to put in force the provisions of the new Medical Act, the law places sufficient power in their hands to enable them to suppress quackery to a great extent, and to prevent illegal practitioners from invading their rights. On this ground, the Committee earnestly appeal to all their medical brethren to aid them with funds, and with their personal co-operation and influence, so that the London Medical Registration Association may become a numerous and useful body, and powerful to benefit and protect the public, and the interests of legally-qualified practitioners.

The reading of this Report was interrupted by applause at several of its passages, in particular when it was mentioned that *The Times* and other journals carefully excluded quack advertisements, when it was proposed that certificates of death should be received only when signed by legally qualified practitioners, and when the deprecation of interference with such practitioners was announced; and at the termination of the Report unmistakeable signs of satisfaction were manifested.

Mr. C. CLARK, of Notting-hill, moved that the Report be adopted.

Mr. CATTLIN, of Islington, seconded the motion, remarking that the need for the Association was so great, and the good accomplished by it had been so well shown by the Report, that he was surprised that no more than about 700 members had yet joined it.

Dr. GRAY, of Maida-hill, asked where went the large sums received by the Medical Council for registration, and how were they appropriated? He considered that a portion of them ought to be applied to prosecutions of illegal practitioners.

Dr. WEBSTER, in reply, stated that he had himself asked the Medical Council if they would prosecute, but he had received the answer that they were not a prosecuting body; and he did not believe that any money would be forthcoming from the Council to aid in defraying the expenses of prosecutions.

The Report was then unanimously adopted.

The CHAIRMAN then rose to propose as his successor for the ensuing year William Fergusson, Esq., F.R.S., V.P., Surgeon to the Prince Consort, and a gentleman whose name, position, and character would reflect honour on the Association over which he should be called to preside.

Mr. BOTTOMLEY, of Croydon, (the treasurer,) seconded the proposition, which was carried by acclamation.

Mr. FERGUSSON, on assuming the presidential chair, which Dr. Webster had then vacated, said,—Gentlemen, when I came here I had not thought it likely that I should have taken the chair during your proceedings of this day. I had been informed that I should be proposed as your president, and the invitation to become so I accepted with pleasure. As I am now in this place, I repeat the congratulations which Dr. Webster has addressed to you. I have had the pleasure of hearing the Report read, and when it is given full publicity, it must be approved by both the profession and the public. It will show that there are men in the profession who are disposed to confer as much benefit as they can upon the community as well as upon themselves.

Mr. BOTTOMLEY moved a vote of thanks to the retiring president for his services during the past year. Many years ago, Dr. Webster, Mr. Wakley, and himself commenced the medical reform movement, and they might consider themselves the oldest reformers living. The good cause proceeded at first slowly, but at length they had all lived to see a triumphant result of some of their efforts.

Dr. KIDD, of Euston-square, in seconding the motion, remarked that Dr. Webster had taken up and nurtured the Association when it was an infant, and that he had all along manifested a warm interest in it until it had now come to adolescent growth.

The motion, having been put from the chair, was carried with much applause, which was renewed when Dr. Webster returned his thanks.

Mr. J. F. CLARKE, of Gerrard-street, proposed a vote of

thanks to the vice-presidents of the Association. He said it augured well that so admirable a list of vice-presidents could be shown in the course of one year. There were not more influential and respectable names in the profession, and he thought that the publication of them ought to go a long way in inducing country and other practitioners to join the Association. In the matters with which the body had to deal, it was of the greatest importance to have a central body, from which all proceedings should emanate. He regretted exceedingly that some prosecutions which had taken place had been brought against legally-qualified practitioners. Such proceedings had produced much heartburning, and had brought some local Associations into disrepute. If this Association had been consulted, some of those prosecutions would not have been instituted. He considered that it ought to be urged upon every one of the branch Associations that they should only take legal proceedings in connexion with the central body.

Dr. WRIGHT, of Somerset-street, seconded the motion. He stated from his own knowledge, that Hereford, where a Registration Association in connexion with that one in the metropolis existed, had been infested by many quacks, but that one of the chief of these, whose impostures had materially injured the medical practitioners of the place, on receiving a "warning letter" from Dr. Ladd, had discontinued his practice and left the city.

Mr. BOTTOMLEY announced that, having acted as treasurer since the formation of the Association, but finding that, owing to his residing at Croydon, inconvenience in carrying on the business of the office had occurred, he begged to resign the same, and proposed as his successor Mr. LAVIES, V.P., of George-street, Westminster, who resided within a short distance of the office of the Association at Charing cross.

Dr. BAIN, of Blackwall, seconded the proposal that Mr. Lavies should be elected treasurer, and the motion was carried unanimously.

Dr. WEBSTER proposed, and Mr. DOVER, of Kensington, seconded, a vote of thanks to Mr. Bottomley for his services.

The motion was promptly agreed to, and the name of Mr. Bottomley was added to the list of vice-presidents.

Dr. KIRBY, in moving the re-election of Dr. Ladd to the office of Honorary Secretary, remarked that Dr. Ladd's labours had been perfectly marvellous. In season and out of season, in time and out of time, he had been most indefatigable and energetic in the business of the Association, the success of which he considered mainly due to Dr. Ladd's efforts. His very name was a terror to the host of quacks who had received his missives, and upon whose practices he had in many instances put salutary checks.

Mr. LEDGER, of Kensal-green, seconded the motion for the re-election of Dr. Ladd, which was carried amidst universal applause.

Dr. LADD, in acknowledging the approbation of the meeting, remarked that unless some one put his shoulder heartily to the wheel no great undertaking prospered. He referred to the Report as proving the necessity for an energetic support of the Association on the part of the profession at this time. There are two very heavy prosecutions on hand, in addition to others. The action commenced at Kingston must be carried into a superior court, or the Medical Act would become waste paper; and when the Association and profession know that it has been deemed necessary to retain the services of Mr. Lush, Q.C., in this action, it will be evident what importance was attached to the result. The question of dentists assuming the title of "surgeon" without surgical qualifications was also one of high importance, and would have to be determined, probably, at a considerable expense. If dentists who are not surgeons have the right to use that title, and practise as such, then (said Dr. Ladd) Mr. Hallows has been very harshly treated.

Mr. C. CLARK proposed, and Dr. THANE, of Hart-street, seconded, the re-appointment of the late Assistant-Secretary, now to be termed the Secretary. While this motion was before the meeting,

Mr. CLARK stated that he was glad to find from the Report, and also from the opinions expressed by Mr. J. F. Clarke, that the feeling was preponderant of objecting to actions against legally-qualified members of the profession. There are plenty of poachers outside, and we should get rid of them first. He trusted that the local Medical Registration Associations would not commence any more such proceedings as had taken place without some conference on the subject with their professional brethren.

The motion was unanimously carried, and was respectfully responded to.

Mr. Fergusson being now obliged by other appointments to leave the chair, it was resumed by Dr. Webster, when the election of members of the committee for the ensuing year took place. While the scrutiny of the votes was going on in another room, the rules and bye-laws of the Association, as lately revised and augmented by the retiring committee, were read and put to the votes of the meeting.

On the motion of Dr. F. C. JONES, of Blackfriars-road, seconded by Mr. S. E. SMITH, the rules were unanimously adopted.

When the bye-laws were read, some discussion took place on Law 12, which gives to the honorary secretary the power of directing legal proceedings to be taken in the name of the Association, on his receiving a legal undertaking from any local Registration Association, or local Association of medical practitioners, to defray the expenses of a prosecution. An alteration in this was suggested, taken in conjunction with Law 10, which provides that "no prosecution involving expense to this Association shall be undertaken without the sanction of the Committee." In the discussion Mr. Cattlin, Dr. F. C. Jones, Mr. Clark, Dr. Kirby, Dr. Bradford, and Dr. Ladd took part; and ultimately the adoption of the bye-laws in the precise form in which they had been presented to the meeting was carried with only two or three dissentients.

The balance-sheet of the accounts of the Association for the past year was received and passed without a remark, and Dr. F. C. Jones and Dr. Gray were appointed auditors.

The names of the newly-elected committee, as examined by the scrutineers, were finally brought up and read. The list of these, and of the officers of the Association for the ensuing year, is as follows:—

LIST OF OFFICERS FOR THE YEAR 1859–60.

President.

William Fergusson, Esq., F.R.S.

Vice-Presidents.

Thomas Ansell, M.D.	John Propert, Esq.
George Bottomley, Esq.	William Harcourt Ranking, M.D.
John Brady, Esq., M.P.	Robert Bentley Todd, M.D., F.R.S., &c.
James Copland, M.D., F.R.S.	Alexander Tweedie, M.D., F.R.S.
Charles Cowan, M.D.	James Richard Vose, M.D.
William Sands Cox, Esq.	Thomas Wakley, Esq.
John Erichsen, Esq.	George Webster, M.D.
Sir John Fife.	Charles J. B. Williams, M.D., F.R.S.
James Ranald Martin, Esq., F.R.S.	
Professor Owen, D.C.L., F.R.S., &c. &c.	

Treasurer.

John Lavies, Esq.

Auditors.

John Gray, M.D.; Frederick Charles Jones, M.D.

Hon. Secretary.

Theodore Edward Ladd, M.D.

Committee.

Adams, William, Esq.	Hillier, Thomas, M.B.
Bain, W. P., M.D.	Hogg, Jabez, Esq.
Bowkett, T. E., Esq.	Humble, W. E., M.D.
Bradford, W. J., M.D.	Jeffree, John, Esq.
Brendon, P., Esq.	Jones, Handfield, M.B. Cantab.
Cattlin, W. A., Esq.	Jones, J. D., M.D.
Clark, Charles, Esq.	Kirby, E. A., M.D.
Clarke, James Fernandez, Esq.	Ledger, Mathew, Esq.
Clifton, N. H., Esq.	Lord Charles F. J., Esq.
Cregeen, J. J., M.D.	O'Connor, William, M.D.
Dansey, G. F., Esq.	Pearce, W. E., Esq.
Dover, Frederick, Esq.	Routh, C. H., M.D.
Doubleday, E., Esq.	Savage, H., M.D.
Paxon, A. W., Esq.	Sutherin, Henry, Esq.
Garty, F. R., Esq.	Wright, H. G., M.D.

Ten of whom, elected on Friday evening last, together with the officers of the Association, form the "Vigilance Committee."

UNIVERSITY COLLEGE.—At the last meeting of the Council of this institution, the following bequests to the hospital were announced—viz., from Mr. Richard Joseph Reed, formerly of Middle Temple-lane, £100; Mrs. Hannah Bull, of Earl's-court, Kensington, £100; Mrs. Mary Ann Worley, of Stony Stratford, £1000; and Mr. Sigismund Stiebel, of Gordon-square, £200: making a total of £1400.

POOR-LAW MEDICAL REFORM ASSOCIATION.

12, Royal-terrace, Weymouth, Nov. 9th, 1859.

DEAR SIRS,—It is now some months since I had the pleasure of addressing you individually, but the time has arrived for us to prepare for the approaching session of Parliament, when I hope the Poor-law Board will bring in a Bill for the amendment of the laws relating to the medical relief of the poor. Should they, however, decline to carry out the promises of their predecessors, it is right that we should be prepared with a Bill for an independent member of the House to introduce, and it is with this view I now submit for your consideration the draft of a Bill, which is an amendment of the one previously brought under your consideration. The alterations in it are founded upon the suggestions I have received. The dread of opposition to the defining the class of persons to be entitled to medical relief has led me to omit that clause, though I still think that it would be well, for the sake of the community at large, that all poor persons whose earnings are only a few shillings a week should have a right to gratuitous medical assistance, and not be left to the caprice of a relieving officer to give or withhold an order; this change would be the means of saving innumerable lives and much loss to the poor-rates. The suggested alterations in the qualifications of future medical officers are founded upon the double qualification required by the Poor-law Board (Art. 168) coupled with those required by the Medical Act to allow of registration, and a desire that our Irish and Scotch brethren should have equal privileges with ourselves. The important clauses relative to remuneration are founded upon the suggestions of the late President of the Poor-law Board, the Right Hon. T. Sotheron Estcourt; and as the plan proposed is based upon just principles, I trust it will meet with your approval. The vaccination clauses may or may not be the subject of a separate Bill, but I think it right that we, as practical men, should lay before Parliament our views on the subject. The working of the Vaccination Act has, to a considerable extent, been a failure, and such it will continue to be until medical men are fairly rewarded for their services. There are other clauses, though of minor importance, still worthy your attentive consideration, and I feel sure you will not fail to give me your candid opinion of them; but before doing this it would be well to call a meeting of your colleagues in each union, to discuss the several sections. My sole object has been to frame an Act that will meet the requirements of the profession, the poor, and the ratepayers; without this combination it will be impossible for us to get the Legislature to pass any Bill.

The medical journals of the last few months have, with their usual liberality, informed you that the cause has not been permitted to lie dormant; for immediately upon the appointment of the present Poor-law Board I addressed a letter to them, the last paragraph of which is as follows:—"Once again I beg your Honourable Board will take up our cause without delay, and carry out the promises made by your honourable predecessors in office; and that you will carefully remodel a system which is cruel in the extreme to very many of your officers, and, I greatly fear, is also injurious to the sick poor." To this I received a reply "that as soon as the Board is complete, your communication will be brought under the notice of the President."

On July 16th, I again addressed the Poor-law Board, enclosing for their consideration the draft of a proposed Act of Parliament (in substance somewhat similar to the one I now send you, except the vaccination clauses). To this I received the following reply: "I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 16th instant, in which you transmit to them the draft of the Bill which you are desirous should be introduced into Parliament for the better regulation of medical relief to the poorer classes in England and Wales." The answer, I grant, is a mere acknowledgment of the receipt of the Act, but still I feel sure the introduction of a Bill will follow, if you will act with decision, and respectfully demand that justice shall be done to the three parties concerned—the union surgeons, the poor, and the ratepayers.

During the last session of Parliament, an excellent review of our previous labours, from the pen of a union surgeon (I regret he will not allow me to publish his name), appeared in *Meliora*, a quarterly journal of science. This I obtained leave to reprint, and sent to each M.P., in order that our cause might be brought before the attention of the new members, as well as kept in remembrance by those in the previous Parliament. I also sent with it a pamphlet containing the "Correspondence of Mr. Pullin with the Board of Guardians of St. Thomas' Union and the Poor-law Board," as the proceedings of the Guardians towards their medical officer and the poor were anything but creditable, and ought to be made known to the members of the House of Commons, in order that they might see the necessity for a law which would protect the medical officer in the faithful discharge of his duty, and could not be capriciously broken through by a Board of Guardians.

It would give me great pleasure to call you together, and especially the Committee, to discuss the proposed Bill; but as the expense to many of you would be considerable, I have adopted the course of sending the draft Act to such of you as are subscribers to the Association, or have been elected since January, 1858. I would gladly send a copy to all, but I do not feel justified in incurring a further outlay upon those who for upwards of three years have been passive spectators of our struggle, and have rendered us no assistance;—it is not, however, too late for them to subscribe; it is never too late to do well. For some months past, I have received but very few subscriptions, and the printing and posting of this Bill will entirely exhaust the resources of the Association; I must, therefore, again appeal to you for assistance, and trust you will endeavour to arouse your colleagues to a sense of their duty, and beg them not to allow a cause to flag after so much time and money have been expended. No one denies the justness of our complaints, but Parliament requires us to prove our case; we must, therefore, again and again, if needs be, publish our *grievances*, and send a copy of our proposed Bill to each member of Parliament, with a commentary on it—which cannot be done without money. A few shillings from each union medical officer is all that is required; but I regret to say not half of the present officers have contributed a single shilling to prosecute this great labour, which, if successful, and successful it sooner or later must be, will increase and equalize their salaries, and elevate their status in the opinion of the world, and, need I add, it will conduce largely to the good of the poor, and be ultimately a saving to the ratepayers.

I am, dear Sirs, faithfully yours,
RICHARD GRIFFIN, Chairman.

To the Poor-law Medical Officers, and
the Committee especially.

*** Subscriptions of 10s. and under may be forwarded in stamps or by post-office order.

Correspondence.

"Audi alteram partem."

LATERAL PRESSURE AND THE VENOUS CIRCULATION.

To the Editor of THE LANCET.

SIR,—IN THE LANCET of September 17th, p. 296, you were kind enough to insert a letter from me "On the Influence of Lateral Pressure on the Venous Circulation." Since then my thoughts have been more or less directed to that subject, suggesting facts which, if obnoxious to my interpretation, still further confirm the views that I have ventured to suggest. Amongst others, the following:—

If the muscular system is suddenly called into active exertion, as in running, the effect is soon felt upon the respiratory system: the lungs become congested—thus placing an interdict on all further prolongation of the exertion.

Now, this congestion, I think, does not take place from an increased or more rapid application of the *vis à tergo*. The left ventricle of the heart is brought into more frequent and forcible action, I know; but that is secondary: it is a relieving, not a producing, agency. The cause of the embarrassment is, in my opinion, to be found in the increased velocity given to the blood in the veins by the lateral pressure imparted to them by this sudden and forcible contraction of the muscles. The veins have not waited on the systolic action of the heart, or upon capillary attraction. They have responded independently to that motive power that I hold they acknowledge—viz., lateral pressure. The first impression is made upon them. Their contents are forwarded with unusual rapidity to the right side of the heart, from which they are hurried through the lungs at a rate which the left side of the heart cannot compensate. I know it may be objected that this power is a voluntary one—that these muscular movements are under the control of the will, and, consequently, neither constant nor essential to the venous circulation; and, though their influence

upon it is admitted, it does not follow that it is exerted in a manner similar to that of the heart. Still, I think, if they are admitted as assistants, they can only be so by acting in accordance with the efforts made by the organ itself.

If the heart is made to exert its force *à tergo* upon the venous blood, the lateral pressure of the muscles, when in action, must fall at right angles upon it, a combination of pressure which, if synchronous, must, I apprehend, be rather antagonistic. Were there no valves, it might be required to prevent regurgitation.

Then with regard to these valves, which are so plentiful in the veins, and absent in the arteries,—has their function hitherto been properly understood? That they are placed there to assist the heart in the circulation of the venous blood, no one can doubt; but it is questionable whether they can render much assistance to that organ, if we confine its moving power to a *vis à tergo*. The veins are extremely dilatable, and would, in my opinion, readily expand under a force, sufficiently great for its object, so applied. The effect of that expansion would cause such a separation of their coats as to render the valvular apparatus inoperative, if not impedimental; for, being too widely separated to prevent regurgitation or to support the ascending column of blood, their presence in the midst of it must be obstructive to its onward movement, rather than otherwise; yet, arguing on this theory, physiologists assert that the uses of the valves are, like the tongue of a windlass, to secure the ground gained by each pulsation of the heart, by opposing the refluent propensity of the blood. But if this be so, how comes it that we find them in the jugular veins, where no regurgitation from gravity is to be apprehended? Yet there they are, and placed in relation to the heart in a precisely similar manner to those in the ascending vessels. That they are there for the sake of uniformity cannot be admitted; and yet, if we accept the theory of a *vis à tergo*, it is difficult to explain their utility. But if the theory of lateral or external pressure is admitted, and that the blood receives its impetus from without instead of from within, all these objections disappear; for the action of external pressure would be, to bring the sides of the vessel closer together, and by so doing to obtain the complete approximation of the valves—thus giving to the blood an onward, whilst it secures it against a refluent, course. If this be so, if it is to this external pressure that the current in the veins is referable, the presence of the valves in the jugulars then becomes as necessary, as points of resistance to reflux action, as in those vessels that convey the blood from the lower extremities.

In my former letter I laid particular stress upon the lateral expansion of the arteries, believing it to be a mode by which the heart exercises its influence on the circulation of the venous blood; but in so doing I did not mean to ignore the co-operation of other agents. My object was to place it, if not in opposition, side by side with the accepted theory of a *vis à tergo* exercised by that organ through the capillaries. But when we examine the mode by which those agents produce their effects, we find that it is precisely similar to that which I have given to the heart—viz., by a force applied externally to the venous coats. It is in this way, I take it, that respiration acts upon it both above and below the diaphragm. Nor are the veins by their structure suited to any or much other application of force. To have made them subject to that which operates in the arteries, their coats, to make that force effective, would have required a greater thickness and more elasticity to protect them against dilatation; for dilatation without resiliency is destructive to progress depending on a *vis à tergo*. There would have been a greater structural approximation to the arterial tube had they been intended to respond to similar influences. The circumstance also of the artery remaining patulous after division, whilst the vein so divided collapses, is suggestive of a difference in the application of the moving power; the resistance of the one being in its coats, whilst the other resists by its contents. The constant emptiness, too, of the one and the fulness of the other, after death, point, in my opinion, to a similar conclusion. The last contraction of the heart was sufficient to empty the arterial tubes; it had forced the blood through the capillaries to the veins, but no further. There another power was required, but that had ceased to exist—viz., the lateral pressure.

I know I shall be told that a line must be drawn somewhere—that the blood must have some point of arrestation; but if both systems of vessels depended for the performance of their functions on a similar application of the same power, why should the one have so completely discharged its obligations, whilst the other remains gorged beyond its living condition?

No satisfactory explanation has, I think, been hitherto given of this difference of condition; but if you allow that the heart acts upon the venous circulation—not so much by a direct as by a lateral application of its power—I think it will go some way to clear up the mystery. For to exert that influence, it is necessary that that power should be most complete, which it cannot be unless the heart is in the full vigour of life. When that declines, it is natural that the borrowed power (for so, in one sense, that given to lateral pressure is) should be the first to cease.

The heart, some time before dissolution sets in, begins to lose its contractile force; its strokes are more frequent and feeble. The dilatation of the arteries is, consequently, much lessened, and the pressure of and on the surrounding structures is gone. The blood then accumulates in those vessels that owe, in my opinion, their circulation to this pressure, till, at last, the quantity passing from them to the heart is so small, that its last systolic action takes place upon an almost empty chamber. The quantity of blood, thus reduced, finds no impediment in the arterial channels; the slightest impulse suffices to carry it through these patulous tubes to the capillaries, and thence to the veins, that are now but passive recipients.

Valentin says, when speaking of the circulation in the veins, "In the smallest arterial branches and capillaries, the pressure exerted by the left ventricle of the heart is for the most part lost. There remains but a proportionally small residue, which tends to impel the venous blood from the capillaries towards the heart, or in the central direction, and which is called the *vis à tergo* of the venous circulation." Speaking of the veins themselves, he says, "Their great extensibility is therefore intimately connected with their small elasticity." Still, he says, "it cannot be doubted that the walls of the veins possess a certain degree of contractility; yet no vermicular movements occur during life, nor is there any rapid, instantaneous, or rhythmical alteration of their diameter." Well then, according to this, the *vis à tergo* scarcely reaches the veins, and consequently must be very inoperative, as a motive power, on their contents. The great extensibility and small elasticity given to the veins themselves by this physiologist seem to prove their agency in this matter to be of the smallest, and their contractility cannot be allowed much efficacy; for whilst he says it cannot be doubted, it gives us no perceptible evidence of its presence; yet, if we take this away, to what other agency can we refer the venous circulation? There is none that I know of; hence these suggestions.

I am, Sir, yours obediently,

Savile-row, November, 1859. J. NICHOLS, F.R.C.S.

THE QUARANTINE LAWS.

To the Editor of THE LANCET.

SIR,—It appears, by THE LANCET of Oct. 29th, p. 447, that a committee, or commission, or something of the sort, has been constituted, or has constituted itself, for the purpose of inquiring into the subject of Quarantine. I, a short time ago, saw, somewhere, the names of the gentlemen constituting this body, and I was struck with the number of them who have an interest in the continuance of quarantine regulations. I strongly advise you to keep a sharp look out on their proceedings. Seeing the wideness apart of their respective homes, I should be glad to learn where their common habitation, or usual place of meeting, is situated; and, in fact, I should like to have another look at their names, if I only knew where to find the list.

One statement is made which much astonishes me—viz., "Application was likewise made to the medical officers of the Royal Mail Packet Steamers which leave Southampton for the Mediterranean, the West Indies, and South America; but as yet no replies had been received." If such application had really been made, it is very strange that I should have heard nothing of it. Now, these very gentlemen are precisely those who are in a position to give the most valuable information; and it would have been but a befitting act of courtesy, not to say of justice, to invite one or more of them to join the committee, or whatever it may be. By this omission, they lay themselves open to the suspicion that the views entertained by those who have had an ample opportunity of seeing and judging might not be acceptable to those "Gentlemen of England who sit at home at ease."

I am, Sir, your obedient servant,

November, 1859. VIATOR.

P.S.—I enclose my card for your satisfaction; but will not fail to come forward if wanted.

THE NEW MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—If, on one occasion, at an early period of its existence, THE LANCET went beyond the law, it did so only to promote truth and justice, and in that course it was sustained by medical power. The profession again requires the aid of THE LANCET. It is not necessary to go back to obsolete Acts of Parliament, but commencing with the Apothecaries' Act of 1815, (that must be considered as the legislative Act for the general practice of the medical and surgical profession: certainly there was a medical and surgical practice before, but this Act was for the better regulating throughout England and Wales of this most important occupation,) did the Government snatch the practice from those who had been hitherto acting for the amelioration of the woes of their fellow-creatures? Did the Government condemn them, *en masse*, as assumptive, ignorant, surreptitious practitioners, and at once declare their occupation gone? Did the Government require them to cease their use of skill and experience, and, throwing them aside without equivalent, make the law retrospective? Sir, that Act was framed in accordance with the constitution of the realm of England, and in harmony with the principles of equity, that wrong should not be done that right might come. That Act acknowledged the right of every person practising prior to its becoming the confirmed law; and not only granted the right personally to continue practice, but conferred certain privileges upon those who were under them as apprentices,—such as the right to examination, &c., under the then new Act.

Thus commenced the new era in medical legislation; thus commenced the period of examination for right to medical practice; thus arose a body of examiners to determine who were fitted to administer to their fellow-creatures those requirements which diseases, in their various forms, might necessitate; and thus, after their examinations, there came out a body of men in whom the confidence of the public was fixed, and by whose assiduity the health of the public was well maintained.

The examiners under this Act of 1815 gradually formed convictions of the necessity of increasing requirements from students who would have to come before them for examination, and from time to time issued their prospectuses containing the required curriculum of studies for certain data. Those examinations for such studies have been acknowledged by the profession to have been perfectly impartial, very just, and peculiarly appropriate. Further, the profession has been rather inclined to fear lest the examiners should raise their status beyond that which should be in justice required. And during the last forty-four years a steady progression in the improvement and extension of the knowledge of the science of medicine, and its application to disease, has been persistent. During that forty-four years, the practice of medicine and surgery has been legally in the possession of those who held the diploma of the Apothecaries' Company. Their rights have been frequently upheld, respected, and maintained in the various courts of judicature—their right, not only to prescribe and administer medicines for disease, but also to perform all and every operation for disease, and to assist Nature at any required period. And now, when a very large number of the profession have been thus lawfully practising, a new Act of Parliament is passed, so worded that magistrates and County Court judges decide it has a retrospective action; that it takes away the rights, privileges, and property of persons which belonged to them before such Act was conceived. Simply, we might ridicule such a ruling, because we are aware that the powers of Parliament are not equal to the making of retrospective Acts; that the attempt to exercise such powers is contrary to the Constitution of this realm. But, seriously, the Act is in operation; its pressure has commenced; losses have been already incurred, and must continue daily, until Parliament shall alter it, or until the superior judges shall decide against its retrospective operation. The injustice of this Act is too gross to be permitted to continue. It not only takes away the legal rights of a large and honourable body of practitioners, but it confers those rights on others who were previously acting illegally—who were not recognised as surgeons or apothecaries in our courts of law.

The licentiates who are thus attacked must not rest quiet under this iniquitous Act. They must unite, and by that unity show their strength and position. And if a secretary be wanting, I offer them my nights, being one of the injured body. I am, Sir, your obedient servant,

Hounslow, Nov. 1859. WILLIAM LEE BAILEY, L.S.A.

REDUCTION OF DISLOCATION OF THE THIGH.

To the Editor of THE LANCET.

SIR,—A dislocation of femur into the ischiatic notch occurred under the care of Mr. Probert, surgeon of the Plymouth Iron Works, Merthyr Tydvil, which was reduced in the following manner, without the aid of pulleys:—The patient, a strong, thick-set, muscular Irishman, was placed on a mattress on the floor, and chloroform was administered. The thigh was then steadily reflexed against the abdomen, and at the same time slowly and firmly rotated outwards. In about a minute the head of the bone entered the socket with a loud snap.

This is the third case occurring in this neighbourhood, where the dislocation has been reduced without the aid of pulleys, &c.

I am, Sir, your obedient servant,

R. C. HUNTER,

Merthyr Tydvil, Nov. 1859. Assistant-Surgeon, Plymouth Iron Works.

PREVALENCE OF SYPHILIS.

To the Editor of THE LANCET.

SIR,—

"There 's something rotten in the state of Denmark."

MALES.

C——, aged 26 years, engineer; chancre upon glans corona.
H——, ,, 28 ,, gentleman; chancre upon prepuce.
S——, ,, 19 ,, lighterman; chancre upon pubes and dorsum of penis.
F——, ,, 29 ,, groom; syphilitic ulceration of throat.
R——, ,, 30 ,, lighterman; ,, ,, ,,
D——, ,, 28 ,, engineer; chancre on prepuce.
T——, ,, 23 ,, clerk; gonorrhœa.
O——, ,, 29 ,, carpenter; ,,
S——, ,, 28 ,, engineer; ,,
W——, ,, 25 ,, clerk; ,,
S——, ,, 25 ,, clerk; ,,
D——, ,, 36 ,, clerk; gonorrhœal rheumatism.
E——, ,, 40 ,, tailor; gonorrhœa and stricture.

FEMALES.

B——, ,, 39 ,, cowkeeper; tertiary, with nodes on right shin and hollow of instep.
H——, ,, 36 ,, shopkeeper; secondary eruptions.
F——, ,, 22 ,, sempstress; chancre on labiæ, secondary on bend of forearm, and ulcerated throat.
R——, ,, 36 ,, engineer's wife; syphilitic ulceration of os uteri, labiæ, and anus.
L——, ,, 40 ,, labourer's wife; disease of bones of the head.
F——, ,, 28 ,, barmaid; syphilitic eruption of left leg.
H——, ,, 9 months; syphilitic eruption on nates.
S——, ,, 24 years, shopkeeper; venereal sore-throat.
B——, ,, 24 ,, soldier's wife; gonorrhœa.

One week's tabular statement!

From the foregoing table it is patent to my mind that the motto chosen for its heading, simply substituting the word England for Denmark, would be substantially correct. Mine is by no means a large practice, and surrounded by numerous other practitioners, I have neither the belief nor the vanity to infer that my experience is greater or more extended than theirs; but from the above detailed statement of only one week, an imperative, though, perhaps, futile sense of public duty, compels me to call the attention of the profession and the public at large to the necessity of energy, perseverance, and united action in demanding our Legislature to cause such measures to be taken as may save our youth from contamination, preserve the health of our commonwealth, and blot out from our national character so foul a stain.

Now, the question naturally arises, How is this to be accomplished? With all reformers, I answer, Register! register! register! We cannot shut our eyes to the fact, although, as Christians, we do deplore that the social evil has reached a point demanding legislative enactment for its control, and that control can only effectually be exercised by subjecting such houses to Police regulations. In ancient records, we read that the leper was removed from the mass of the population; more recently the continental nations have employed the means of licence, combined with constant inspection and daily or weekly medical report on the state of the inmates of such licensed houses. A report of a case of infection by a frequenter of these houses is an awkward piece of business.

Now, Sir, these matters may be said to be foreign to our habits as Englishmen. Be it so. The complaint is foreign; the remedies required in its treatment are foreign; and, surely, there can be no objection to adopting foreign modes of modifying or controlling the propagation of so fell a disease, of which truly the curse contained in the Scriptures is "true as Gospel"—that "the sins of the fathers shall be visited on the children to the third and fourth generation." Who shall say in how many instances early infantile death, consumption, scrofula, or mania may have originated in predisposing causes attributable to hereditary disease arising from this source? Away, then, with squeamish modesty and mock prudery! Tear the mask from the skeleton! View the dread reality in its naked truth! "Awake! arise! or be for ever fallen!"

I am, Sir, your obedient servant,

Blackfriars-road, Nov. 1859. FRED. CHAS. JONES, M.D.

Medical News.

ROYAL COLLEGE OF PHYSICIANS, LONDON.—The following gentlemen were elected Fellows on the 2nd inst.:—

JAMES BLACK, M.D., Edinburgh.
JOSEPH AYRE, M.D., Hull.
WILLIAM BEATTIE, M.D., Upper Berkeley-street.
THOMAS CAMMACK, M.D., Spalding.
JOHN BARCLAY, M.D., Leicester.
EDWARD MERYON, M.D., Clarges-street.
NICHOLAS PARKER, M.D., Finsbury-square.
HERMANN WEBER, M.D., Finsbury-square.
EDW. HEADLAM GREENHOW, M.D., Upper Berkeley-st.
WILLIAM ODLING, M.B., Kennington-road.
LIONEL SMITH BEALE, M.B., Grosvenor-street.
FREDERICK WILLIAM PAVY, M.D., Bedford-place.
GEORGE ROLLESTON, M.B., Oxford.
CHARLES RADCLYFFE HALL, Torquay.
SAMUEL ELLIOTT HOSKINS, M.D., Guernsey.
JAMES ORMISTON M'WILLIAM, M.D., Trinity-square, Tower-hill.
JOHN TURNHAM, M.D., Devizes.
RICHARD TONSON EVANSON, M.D., Torquay.
JOSEPH DICKINSON, M.D., Liverpool.
Sir JOSEPH OLLIFFE, M.D., Paris.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College, at a meeting of the Court of Examiners on the 4th inst.:—

BAXTER, JOSEPH, Clitheroe, Lancashire.
BLAKELY, SAMUEL, Aughnacloy, Co. Tyrone.
COUPER, JOHN, Finsbury-circus.
CROFTS, WILLIAM CARRICK, Church Gresley.
PENISTON, JOHN, Bury, Lancashire.
ST. JOHN, CHARLES, Foulis-terrace, Brompton.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, November 3rd, 1859.

BOOTH, SAMUEL, jun., Huddersfield.
DANIEL, THOS. PALMER, Beaminster, Dorset.
HUGHES, ADOLPHUS JAS., Dartford, Kent.
RUCK, DAVID, Cirencester.
WHITE, WM. ACRAMAN, Frome, Somerset.

The following gentlemen also, on the same day, passed their first examination:—

DUKE, STEPHEN, Chichester.
HOCKING, JOSEPH, St. Ives, Cornwall.
WILLIAMS, JOHN, Brecon, South Wales.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.—The following gentlemen, having undergone the necessary examination, were admitted Licentiates:—

BALL, ANCELL, M.R.C.S.E., L.S.A., Spalding, Lincolnshire.
KEARNS, JOHN, M.R.C.S.E., L.S.A., Kilkenny, Ireland.
WHITE, FRED. G., M.R.C.S.E., L.S.A., Erchfort, Devizes.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following is a list of the new office-bearers:—*President:* Dr. Douglas Maclagan.—*Treasurer:* Dr. John Gairdner.—*Secretary:* Mr. John Scott.—*Librarian:* Dr. Archibald Inglis.—*Examiners:* Dr. John Gairdner, Dr. James Simson, Dr. Richard Huie, Dr. William Dumbreck, Dr. Archibald Inglis, Dr. Andrew Wood, Dr. Robert Omond, Dr. Patrick S. K. Newbigging, Mr. Benjamin Bell, Dr. James Dunsmure, Dr. John Struthers, Mr. James Spence.—*Inspector of Students' Course of Study:* Dr. James Simson.—*Conservator of Museum:* Dr. William R. Sanders.—*Oct.* 1859.

KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND.—At a meeting held on the 31st ultimo, William Moore, M.B., M.R.I.A., was unanimously elected a Fellow of the said College.

ADMIRALTY, NOV. 8TH.—To be Honorary Physicians to her Majesty: Sir John Liddell, C.B., M.D., F.R.S., Director-General of the Medical Department of the Navy; John Wilson, M.D., F.R.S., Inspector-General of Hospitals and Fleets; Alexander Nisbett, M.D., Inspector-General of Hospitals and Fleets; Alexander Bryson, M.D., F.R.S., Inspector-General of Hospitals and Fleets.

To be Honorary Surgeons to her Majesty: Oliver Evans, M.D., Deputy-Inspector-General of Hospitals and Fleets; John Grant Stewart, M.D., Deputy-Inspector-General of Hospitals and Fleets; James Wingate Johnston, M.D., Deputy-Inspector-General of Hospitals and Fleets; Thomas Russell Dunn, M.D., Deputy-Inspector-General of Hospitals and Fleets.

WE understand that H.R.H. the Prince Consort has accepted the dedication of Dr. Mayne's "Expository Lexicon," Part IX. of which is just published.

DR. E. WILLIAMS has been elected Mayor of Colchester.

APPOINTMENTS.—Dr. Edwards has been appointed Medical Registrar, and Dr. Harris Demonstrator of Morbid Anatomy, at St. Bartholomew's Hospital.

NEW FRENCH PROVINCIAL MEDICAL PAPER.—A new journal has just been started at Nantes, in France, by M. Clément Ollivier, under the title of *Annals of General Pathology.*

HAY ASTHMA.—Professor Phœbus, of the University of Giessen, has addressed a series of questions on this complaint to the medical profession of France, as he is preparing a work on this peculiar kind of asthma, pretty prevalent in Germany, and so well described by the following English authors:—Bostock, Gordon, Elliotson, Prater, King, Mackenzie, &c.; to whom we may add the name of Dr. Hyde Salter, who has, of late, contributed so largely to our knowledge of the disease.

CONGRESS OF MEDICAL PRACTITIONERS OF NORTHERN ITALY.—On the 20th of October this Congress took place at Milan, and brought together from seventy to eighty members of the profession. Many speeches were made, but little business was done, except a recommendation to Government to place the remuneration of parish surgeons on a more liberal basis.

PROFESSORS OF MEDICINE AT THE GERMAN UNIVERSITIES.—It is customary in these universities to offer the principal medical chairs to such men as have rendered themselves celebrated either by their works or teaching; and at the same time to ensure their services by rendering the charge advantageous to their possessor. In this way was the well-known Virchow, formerly at Würzburg, appointed some time since professor at Berlin; and so has, quite lately, M. Lebert been given the chair of clinical medicine at Breslau, hitherto occupied by Frerichs. M. Lebert, whose reputation is world-wide as a profound pathologist, has laid the foundation of his fame in Paris and Zurich.

CONVALESCENT ESTABLISHMENTS IN FRANCE FOR HOSPITAL PATIENTS.—In the latter end of September last, the Secretary of State for the Home Department in France was present at the opening of a very useful institution at Vésinet, near Paris. This establishment, very healthily situated, is intended for the reception of female patients who, after their discharge from hospital in Paris, are in want of country air to complete their recovery. An institution of the same kind already exists at Vincennes, also near Paris, for male persons convalescent after diseases treated in the hospitals of the metropolis. These useful establishments seem to answer to our Carshalton Asylum, but are very probably easier of access.

CAUTION.—We wish to give a caution to the Faculty of provincial hospitals respecting a person of the name of John Kilpatrick Rutherford, a carpenter from Ireland, who has a small indolent ulcer on the leg, for the cure of which he obtains admission into an hospital; he then sends to the surgeons, matrons, treasurers, and others, long pieces of doggrel poetry, praising in most fulsome language every person connected with the hospital, the whole object of which is to solicit charity.

TESTIMONIAL TO DR. MACTURK.—At noon on Tuesday, Oct. 18th, a numerous party of subscribers to the testimonial to Dr. Macturk met in St. George's Hall, Bradford, to witness the interesting ceremony of its presentation to the respected gentleman. The beautiful testimonial to be presented occupied a prominent place on a table at one end of the saloon, and excited the admiration of the company. It consists of a centre piece and two dessert stands, elaborately wrought in silver. In the former the bowl is supported by three beautiful figures of medical skill, according to the ancients: Hygeia, the goddess of health, in the same mythology; and Charity succouring three sick orphan children. These figures are exquisitely rendered, and furnish a beautiful illustration of the perfection to which the silversmith's art has been brought in our day. Less imposing, but equally beautiful, are the subordinate pieces, one of which is supported by children playing with a goat. The larger piece contains the following inscription:—"Presented to William Macturk, M.D., by his friends and fellow-townsmen, in grateful acknowledgment of his many kind attentions to the poor, and more especially his gratuitous services during a period of thirty-three years at the Bradford Dispensary."—The cost of the whole is 220 guineas; and the whole amount has been raised in sums varying from five guineas to five shillings. Mr. Manoah Rhodes, silversmith, supplied this testimonial. On Dr. Macturk entering the room, he was received with a round of hearty applause. The Rev. Dr. Willis then said that on behalf of the House Committee of the Bradford Infirmary, he begged leave to ask the Mayor to present the testimonial, which stood before him, to their worthy friend, Dr. Macturk. The presentation was preceded by very complimentary speeches from both Dr. Willis and the Mayor. Dr. Macturk made a suitable reply.

THE BENEVOLENT MUTUAL ASSOCIATION OF ALL THE MEDICAL MEN OF FRANCE.—This Association, the existence of which is due to a distinguished medical journalist of Paris, M. Amédée Latour, held its first general meeting on the 30th ultimo. It appears from the report that twenty-seven local societies have annexed themselves to the Association; and that the total number of members amounts to 2500. Much distrust and some opposition met the first steps of the gigantic scheme, which is gradually being carried out; and no small praise is due to M. Latour, who, amidst conflicting opinions, unkind attacks, and obstacles of many kinds, has succeeded in organizing so far a professional benevolent association, which will considerably increase the influence of the medical body, and unite together in acts of kindness the scattered elements of a noble and self-denying profession.

LIBERALITY OF THE GOVERNORS OF THE VENEREAL HOSPITAL OF LYONS.—The committee of management of this hospital have decided that funds should be provided for an atlas of drawings representing pathological appearances peculiar to venereal diseases. M. Rollet, the chief surgeon, has the direction of the work. This is a step in the right direction, and might be imitated in our own special hospital. Pathological drawings are, however, not rare in the hospitals of this metropolis. The collections made by artists permanently engaged at some of the larger institutions are very remarkable, both as regards the beauty of execution and the great variety of morbid states represented.

ARTIFICIAL PREMATURE DELIVERY BEFORE THE HOLY SEE.—Dr. Finizio, assistant physician-accoucheur at the University of Naples, lately used douches to excite premature delivery at seven months, in the case of a young, ricketty, and misshapen woman, who measured only three inches in the antero-posterior diameter of the inlet of the pelvis, and two inches in the same diameter of the outlet. The operation was crowned with the most complete success, the mother and child having both done well. This practice, which had been adopted after a public consultation in the course of the clinical instruction given by Dr. Finizio, in which consultation the students also were invited to give their opinion, was highly condemned by several papers, amongst which, one in particular, called *The Omnibus*, was the most vehement. Made uneasy by these attacks, and somewhat troubled in his own conscience, Dr. Finizio applied to the metropolitan archbishop for enlightenment. It would appear that the worthy prelate was puzzled by the question, and he forthwith referred it to the divines of the collegiate church of San Giovanni Maggiore. From this court the matter was carried to the Penitentiario of the Holy See, who answered in the following terms. It will be seen that the question is left open as regards premature delivery when the fœtus is not viable:—"Si intelligatur partus immaturi qui prævenit ordinarium naturæ cursum, ita tamen ut fœtus eam maturitatem absecuturus fuerit, ut in lucem editus vivere possit, *affirmative*.—Datum Romæ, &c.: Card. CASTRACANO."—*Gazette Hebdomad.* and *Annales Méd. de la Flandre Occidentale.*

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, NOV. 5TH.—Last week a milder temperature returned, but the registers of mortality attest the severity of the previous cold. The deaths in London, which were 910 in the third week of October, rose to 1182 in the week that ended on Saturday last. The mean temperature of the air last week was 9° higher than that of the previous week. The diseases which predominate in the winter months now show an increase: the deaths from bronchitis in the last three weeks were successively 42, 58, and 90; those from pneumonia or inflammation of the lungs 32, 43, and 73; from whooping-cough 4, 15, 25. Phthisis is less influenced as regards its mortality by atmospheric fluctuations, and the deaths referred to it in the last two weeks were 155 and 158. Scarlatina was fatal in 89 cases, diphtheria in 8; the former seems to be prevalent in St. John, Westminster, and in Islington.—Last week the births of 980 boys and 908 girls, in all 1888 children, were registered in London, being 706 above the number of deaths. In the ten corresponding weeks of the years 1849–58 the average number was 1570.

Births, Marriages, and Deaths.

BIRTHS.

On the 6th ult., at Wellington-house, St. John's-wood, the wife of David Allen, M.D., of a daughter.

On the 18th ult., at 3, Half-Moon-street, Piccadilly, the wife of Thomas Peregrine, M.D., of a son.

On the 22nd ult., at 145, Bishopsgate-street Without, the wife of Robert Fowler, M.D. Edin., of a daughter.

On the 23rd ult., at 7, Harley-street, Cavendish-square, the wife of Alexander Halley, M.D., F.G.S., of a daughter.

On the 24th ult., at 16, King's-place, St. George's-in-the-east, the wife of Alfred Richardson, M.D., of a daughter.

On the 29th ult., at West Hartlepool, the wife of Riton Oldham, Esq., F.R.C.S., of a son.

On the 7th inst., at Kibworth Beauchamp, Leicestershire, the wife of Thomas Macaulay, jun., Esq., M.R.C.S., of a daughter.

MARRIAGES.

On the 11th ult., at Duke-street, Edinburgh, R. T. C. Scott, Esq., of Melby, Zetland, Staff-Surgeon R.N., to Agnes Catherine, only daughter of the late Alexander S. Watson, Esq., Civil Engineer.

On the 3rd inst., at the parish church of St. Mary, Islington, George Borlase Hicks, Esq., M.R.C.S., of Old-street-road, youngest son of Captain Hicks, late of the 51st Regt. Light Infantry, to Harriett Matilda, eldest daughter of James Thos. Blackmore, Esq., L.S.A., of Douglas-road, Canonbury.

On the 5th inst., at St. George's Church, Llandudno, North Wales, John Wyatt, Esq., Battalion Surgeon, Coldstream Guards, to Mary Ann, widow of the late Rev. Thomas Evans, of Plas Gogarth, and daughter of James Davis, Esq., of Elmlodge, near Ludlow, Shropshire.

DEATHS.

On the 6th ult., fell, mortally wounded through the femoral artery, while gallantly leading on his men to the assault of the Fort in the Island of Bate, Gulf of Cutch, East Indies, Lieut. Jas. Wm. MacCormack, H.M.'s 28th Regt., aged 20 years and 10 months, the only and dearly loved son of M. J. MacCormack, M.D., Bedfordshire Militia.

On the 16th ult., at Bradford, Thomas Beaumont, Esq., L.S.A. An obituary of this gentleman will appear next week.

On the 16th ult., at Bishopton Grange, near Ripon, R. Paley, M.D., aged 79.

On the 18th ult., near Leeds, of typhoid fever, Thomas Elliot, Esq., Surgeon, of this city, aged 42.

On the 31st ult., at 9, King-street, Finsbury-square, James Cochrane Millar, Esq., L.R.C.S. Ed.

On the 1st inst., at 20, Stratford-place, Camden-town, of a rapid decline, Richard Ducke Eastcott, Esq., M.R.C.S., L.S.A.

On the 1st inst., at 8, Junction-road, Brighton, aged 29, John Gosling Paine, second son of Samuel Paine, Esq., M.R.C.S.

MEDICAL DIARY OF THE WEEK.

MONDAY, Nov. 14
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 3 P.M.
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Habershon, "On Pain as a Symptom of Disease of the Stomach."

TUESDAY, Nov. 15
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- PATHOLOGICAL SOCIETY OF LONDON.—7 P.M.

WEDNESDAY, Nov. 16
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- HUNTERIAN SOCIETY. — 8 P.M. Mr. Solly, "On Aneurism of the Arch of the Aorta."

THURSDAY, Nov. 17
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
- HARVEIAN SOCIETY.—8 P.M.

FRIDAY, Nov. 18
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON. — 8 P.M. Practical Evening for the narration of Cases and Exhibition of Specimens.

SATURDAY, Nov. 19
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

A Retired Indian Surgeon.—All the three institutions are worthy of the generous support of the profession. The Society for the Relief of Widows and Orphans of Medical Men is the oldest. It has a large funded capital, and its annual subscriptions and donations represent a handsome sum. By subscribing two guineas yearly, a member ensures to his widow or children, under certain regulations, annuities varying from £40 to £10. The names of the annuitants are most considerately regarded as sacred from publicity. The Medical Benevolent Fund is a most useful charity, and dispenses permanent or temporary relief to applicants, properly recommended, whether they be subscribers or not to the Fund. The names of the recipients are kept secret. The Fund has been the means of affording relief to very many most deserving and painful cases of distress amongst members of the profession, their widows, and orphans. The charitable funds of the Royal Medical College are devoted to the partial maintenance of a number of pensioners, who live in the College. The school is self-supporting.

Mr. R. Steel.—Attention shall be paid to the request.

CONSULTATIONS WITH HOMŒOPATHS.

To the Editor of THE LANCET.

SIR,—As my object has been served by drawing attention to the *consistent* conduct of Dr. Barker, in having met a homœopathic practitioner (as I term him), I will leave him to prove that the gentleman he met in consultation is not what I believe him to be. There is no question as to Dr. Barker having met this gentleman in consultation, as he seems to be perfectly aware of the particular case referred to in my communication. The matter for consideration is—Does this gentleman practise homœopathy openly or covertly? I believe he does, and so do nine-tenths of the inhabitants of Bedford. It is a notorious fact that this gentleman is considered to be the only homœopathic practitioner in the town, and I fearlessly assert that Dr. Barker is quite aware of this being the case, however innocently he may speak to the contrary, and I further believe that the same fact is known to most of the practitioners in Bedford.

I have now done with the case. I will leave the matter in the hands of the members of the South Midland Branch of the British Medical Association, whom I hope, for the honour and dignity of their Society, will ascertain whether this charge against their "president elect" be not substantially true.

Your obedient servant,

Bedford, November, 1859. JUDEX.

*** This correspondent has, as on the previous occasion, furnished us with his name and address.—ED. L.

Middlesex.—Sir Henry Halford (then Dr. Vaughan) was elected physician to the Middlesex Hospital in February, 1793. He was the second son of Dr. James Vaughan, of Leicester.

A Subscriber to THE LANCET.—The "list" shall be forwarded privately if "Subscriber" will send us his name and address.

STRIKES: THEIR BENEFICIAL EFFECT ON INFANT LIFE.

To the Editor of THE LANCET.

SIR,—At one of the public meetings lately held in connexion with the strike in the building trade, a speaker remarked—"It is a curious fact that during the Preston strike the infant mortality in that town had decreased, owing, as he believed, to the women being at home with their children, instead of going to work at the mills."

Yours, &c.,

November, 1859. M. A. B.

Xiphoid.—To obtain one of the diplomas mentioned, the applicant must prove that he is licensed to practise in his own country. We cannot say which is the most approved University, as a diploma, by correspondence, has pretty much the same value in the eyes of the English profession, wherever obtained. Let "Xiphoid" write to the Dean of the medical faculty of the University of Jena, and he will receive, by return, a prospectus of the conditions imposed by the faculty for giving a diploma by correspondence. The price will be about £20. The conditions are easier at Giessen than at Jena. We are not aware of the existence of the book alluded to.

Mr. Moscrieff.—The list, if forwarded, shall be inserted as news.

A. B. C.—Dr. Gooch died on the 16th of February, 1830. He was the author of a paper on "Anatomy" in the *Quarterly Review* of the previous month.

Optic.—Mr. Grossmith, Fleet-street.

D. M.—1. He signed his name as "surgeon."—2. Yes, if he attached a title to his name.

MEDICAL TITLES.

To the Editor of THE LANCET.

SIR,—Since the question of the abuse of medical titles is occupying so large a share of professional attention, it strikes me that an authoritative article in your influential journal would do much towards divesting the subject of a mass of irrelevant matter which has been introduced into the discussion, and thereby define its true bearings. The interests of the profession demand an impartial expression of opinion from some disinterested source, and I feel assured you could hardly confer a greater obligation on your numerous readers than by taking up the subject, and treating it in your usual lucid manner.

Can the dubbing process, on the strength of the purchase of the Edinburgh licence, be other than most detrimental to the best interests of our profession, and can it do other than militate against our continuing to hold a legitimate position in public esteem? So far as my observation extends, many of the least deserving of our brethren (in the large acceptation of the term), as might be expected, have applied for and received this questionable distinction. Has not the time arrived for the more honourable portion to speak out determinedly, and enter an emphatic protest against the degradation to which the profession is being subjected?

The case stands thus: In very many localities certain practitioners have received from the Edinburgh College of Physicians (to the everlasting disgrace of both parties), in consideration of a given sum of money, a licence to practise medicine. On the strength of this extraordinary transaction, the recipients of the licence have immediately assumed the title of "doctor," and have not hesitated to parade the same on their door-plates and cards, thus inducing the non-medical public, as was cunningly intended, to mistake them for doctors of medicine. Then if not doctors of medicine, what are they doctors of? They are simply not doctors of anything, and consequently the assumption of the title can only be regarded as a disgraceful attempt to trick the public in a manner which must tend to bring odium on a noble profession.

I beg to subscribe myself,

A CONSTANT READER OF THE LANCET AND AN

November, 1859. ADMIRER OF FAIR PLAY.

To the Editor of THE LANCET.

SIR,—You have published many letters respecting the right of the L.S.A. to the title of "surgeon," both *pro* and *con*. To my mind the question is beneath argument. The Apothecaries' Society, both in the education required of students and in the examination of candidates for their licence, exclude surgery altogether. They require a knowledge of medicine only as distinct from the science of surgery. No one, I think, can deny this fact. For anything that is known to the contrary, the L.S.A. may be as ignorant of surgery as it is possible for a person to be. The assertion of L.S.A. that his acquaintance with surgery, and his having been for a long period in the habit of calling himself a surgeon, are sufficient to entitle him in future to call himself one, is manifestly absurd. His declaration that he has a knowledge of surgery may be untrue, or at best but a delusion. So far as the attainments to obtain his licence are concerned, the knowledge of surgery has not been required of him in the slightest degree. Then why, upon the strength of such a licence, should he consider himself entitled to call himself "surgeon"? Any person, before the passing of the late Act, was at liberty to style himself "surgeon" if he chose; and if L.S.A., by a lengthened assumption of a title to which he had no legitimate right, is to be permitted still to call himself "surgeon," so ought any other person who has hitherto trespassed on the calling, and whose knowledge of surgery, for anything L.S.A. can show to the contrary, may be quite as good as his.

M.R.C.S. does not assume the title of "apothecary" without first obtaining the qualification to entitle him so to do. Then why should L.S.A. help himself to the title of "surgeon"? If L.S.A. is ambitious of the title, let him win it, and then wear it.—I am, Sir, your obedient servant,

London, November, 1859. JOHN HOLMES PERRY, M.R.C.S. & L.S.A.

Mr. F. S., (Salford.)—It is impossible to offer an opinion upon the case from mere description. Each plan of treatment has its advocates, and each has its advantages, in certain instances.

Mr. Hadaway.—The communication was received.

Chemicus.—The following were the questions in Chemistry and Materia Medica at the last examination at the University of St. Andrews:—

"CHEMISTRY.—What is ammonia? State its properties, composition, and mode of preparation. Give tests for ascertaining its presence.

"State the composition, mode of preparation, properties of, and tests for oxalic acid.

"How is nitric acid prepared?

"What are the tests for hydrocyanic acid?

"MATERIA MEDICA AND THERAPEUTICS.—Write short essays on the following subjects:—The medicines and other remedial means employed to procure diaphoresis. The medicinal use of opium and its preparations.

"Describe the preparations of mercury which are used internally, and mention the cases in which they are specially applicable.

"Write a Latin prescription (without using symbols or abbreviations) for a mixture suitable for a case of English cholera; also for a dozen pills for a similar case."

Dr. A. P. E., (Exeter.)—1. The "regulations" require it; but complaints are made that they are not always carried out.—2. The particulars are too long to insert here; they will be found in the Students' Number of THE LANCET.

Mr. W. Aisley is thanked for his communication.

Mr. Griffin will perceive, by the insertion of his letter, that some misapprehension had existed respecting his previous note.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editor of THE LANCET.

SIR,—The chosen representatives of the various medical schools have just given their excellent introductories to a large body of students entering, as it were, upon a new era of their existence. Three years' attendance on lectures at a recognised medical school seems a long time, especially to those who, from circumstances over which they have had no control, have been and will be compelled to provide for this expensive period by setting aside small sums of money, which have been hard earned for many years in their capacity as "assistant to a surgeon," the time for attendance upon lectures and hospital practice being now considered to be a sufficient remuneration for their services. No sane person will deny but that three years' servitude to rules, and then the risk of getting rejected, offers no small field of observation for careful and deliberate thought as to how the student shall most profitably dispose of his time to ensure success before the licensing boards for his laurels. I very well remember commencing my curriculum of study, and consequently do not forget the toil and anxiety of three years *in advance*; yet industry, assiduity, and perseverance (which we are taught are the main-springs of success) overcame all obstacles, and the third year closed upon me as legally and duly qualified.

The times, however, are altered. The Royal College of Surgeons of England have issued new regulations, to be observed by all students entering the profession, the examination at that institution being now conducted in two strict portions, comprising anatomy, physiology, and surgery, together with evidence of possessing a sound classical and mathematical education; and everybody in their candid moments will declare this to be an excellent movement, and one certainly calculated to ensure more respectable and talented gentlemen for the profession. But, Mr. Editor, whilst the College authorities seem anxious to elevate the status of their members, are there any retrogradings? Are they pursuing a course which is calculated to merit the displeasure of their members?—and if so, is it sufficient to induce the profession to remonstrate with them? I, for one, think so, and I will, without further trespassing upon your time, lay before you the evidence, and leave your readers to form their own opinion. In doing this, I wish it to be distinctly understood that it is not from any hostile feeling towards either of the gentlemen whose names are mentioned in the following correspondence with the College.

"*To the Secretary of the Royal College of Surgeons.*

"Dudley, October, 1859.

"SIR,—Will you have the kindness to inform me if a report which is industriously circulated in this town and neighbourhood be true—viz., 'that the Board of Examiners (or Council) of the Royal College of Surgeons have granted the petitions of Mr. George Horton and Mr. Richard Meredeth, both of Dudley, and have consented to examine them for the diploma of membership in surgery *only*.' I with other members of the College consider it a duty which we owe to ourselves to ask this question, and sincerely trust there is no foundation for such a report. Believe me, yours obediently,

"E. Belfour, Esq." "———.

"Royal College of Surgeons, London, 12th October, 1859.

"SIR,—In reply to your inquiry as to a report respecting Messrs. Horton and Meredeth's admission to examination in 'surgery only,' I have to acquaint you that, as you must be well aware, such a report is necessarily untrue. What, however, may have given rise to the report is, that possibly it may have been stated to those gentlemen that their examination would be somewhat more practical than though they had just left the anatomical schools.

"I am, Sir, your most obedient servant,

"———." "EDM. BELFOUR, Sec.

"Dudley, October 18th, 1859.

"SIR,—I beg to acknowledge the receipt of yours of the 12th instant in reference to the admission of Mr. George Horton and Mr. Richard Meredeth to the College, and I have now the pleasure of enclosing you a petition, which is signed by the members of the College here, and which, if time had permitted, would have been signed by all the members for miles round this locality. May I ask you to be good enough to present the same, and to furnish me with the least possible delay with its results?—Believe me, yours respectfully,

"E. Belfour, Esq. "———.

"*To the President, Vice-Presidents, and Council of the Royal College of Surgeons of England.*

"We, the undersigned, being members of the Royal College of Surgeons of England, resident and practising in the Dudley district, having learned that Mr. George Horton and Mr. Richard Meredeth, who are now officiating in this district, the former as an assistant, and the latter as a druggist, are about presenting themselves for examination for the membership of the College, beg most respectfully to represent to your learned Council that neither of those gentlemen having passed through any portion of the curriculum of study which the Council prescribe, their admission would be a manifest injustice to us and all other members of the profession, who have with more or less sacrifice laboured through the course of probation hitherto demanded by your regulations.

"JAMES FISHER.	"HENRY WALKER.
"SAMUEL DAY FREEDAY.	"JOHN GREENE.
"DANIEL TOMKINS.	"HERBERT EADY PROCTOR.
"THOMAS COCHRANE.	"SAMUEL WOODALL.
"WILLIAM POWELL.	"WILLIAM C. GARMAN.
"DAVID JOHNSTON.	"WILLIAM LYNES.
"CHARLES O. J. THOMPSON.	

"Dudley, October 14th, 1859."

I regret to say that this petition has never received any reply. Now, it is quite clear that one of the gentlemen named therein (from his own testimony) had an interview with either the President or Vice-Presidents of the College on or about the 20th of October in reference to his admission, and he was then informed by them or the Secretary that he could not be admitted until the petition which they had received, and which was so numerously and so respectably signed, had been presented to the Council. This appears to have been done; but the result is that since its presentation that gentleman has received his diploma, and is pronounced "fit and capable to exercise the art and science of surgery," without his ever having attended a single course of lectures or hospital practice. For and on behalf of the members who signed the requisition, may I ask if this procedure is fair? Is it just? If so, then let the privilege be at once made general, and extended to the equally deserving hundreds, who, no doubt, would willingly afford the *fee*, which would appear to be the real and only qualification which the College authorities now take into consideration for their diploma.—I am, Sir, yours truly,

Dudley, November, 1859. M.R.C.S. BY EXAMINATION IN ANATOMY, PHYSIOLOGY, AND SURGERY.

Mr. E. Davidson, (Brighton.)—1. A medical officer can be appointed to a militia regiment on the nomination of him, by the colonel of the regiment, to the Lord Lieutenant of the county, who recommends the appointment to the Queen, either as surgeon or captain.—2. The daily pay of the surgeon, when embodied or when out on training, is 11*s.* 4*d.*; that of a captain, 10*s.* 6*d.* The commission is *not* paid for, the only outlay being for outfit.

Mr. R. Lee.—By order of a bookseller.

A Subscriber will obtain every information by addressing a letter to Mr. S. L. Rymer, dentist, Croydon.

An Old Subscriber.—It is in accordance with custom and courtesy.

THE TITLE OF "SURGEON-DENTIST."

To the Editor of THE LANCET.

SIR,—Your correspondent, "C. C. C.," in his charity and love of truth, seems to have forgotten *one* fact in connexion with the vexed question of the right of the dentist to the prefix of "surgeon"—viz., that there are of those practising dentistry who are "registered under the Act," having qualified as "surgeons." He states that the preamble of the Act "declares the expediency of enabling persons to distinguish *qualified* from unqualified practitioners." The Act, Sir, can only be of service to the public by preventing an unqualified man from using a title to which he has no claim, and by this means teaching the public who is an unqualified and who a *qualified* practitioner. He asks, "Does he," (the assumed "surgeon"-dentist) "lead me to believe that he is recognised by law as a surgeon?" Perhaps not, "C. C. C."; but many of his patients and numbers of the public, who have neither the time nor opportunity to inquire into the matter, believe him to be so recognised. As to the title of "surgeon-dentist" being used in the same sense as "sailor-king, virgin-queen," &c., this is palpably absurd, as these are mere nicknames, and often used derisively; and I guess the College of Dentists will give "C. C. C." small thanks for ranking the profession with "perruquiers," however "enterprising."

I for one, amongst many, Sir, hold that those, and those alone, practising dentistry, who have spent the time, labour, and money in qualifying as surgeons, have a right to be styled "surgeon"-dentists, and for their brethren *not* so qualified to assume the title is both unjust and ungenerous.

I remain, Sir, yours, &c.,

November, 1859. C. G. R.

A Practitioner.—We cannot conceive on what grounds the person named is entitled to such a mark of respect from the profession. He will have flatterers and adulators sufficient without numbering amongst them the members of the profession.

Mr. James Beaumont.—The opinion given was perfectly correct. There is no law to prevent him *making* the contract, and so long as he does not infringe the Apothecaries Act he does not violate the law.

Senex.—He will have to undergo an examination under the rules lately promulgated.

THE TRIAL OF MR. BROATCH.

Dr. James Murray M'Culloch, of Dumfries, has forwarded to us a letter, dated October 28th, in which he states that, having been absent for some time, he was not aware until his return in that week that a letter, impugning his veracity, had appeared in THE LANCET of the 15th October. He states that his words were misreported, and that he said—

"1st. 'I believed that most, if not all, the medical practitioners in Dumfries had done the same'—viz., not showed their diplomas when they got their certificates signed, and I adhere to that statement. When I made that statement, I did so for the purpose of proving that Mr. Broatch was being cruelly made the scape-goat of a general, nay, almost universal, informality; and he has been so. 2nd. One of the persons signing the letter never had a diploma from any College or University in his life, or from any other body or person entitled to grant a diploma; he could not, therefore, have shown his diploma! 3rd. Another of the subscribers of the letter signed my certificate, and never in his life saw my diplomas, or even the boxes which contain them, although I offered to bring them and show them to him; he did, therefore, the very same in every respect that I did for Mr. Broatch! 4th. I do not believe that one of them swore the oath before a magistrate, and I assert that several of them did not, although each and all of them must have subscribed their certificate as sworn before the magistrate, and, therefore, have signed what was 'not the fact' as completely and as culpably as Mr. Broatch! 5th. I assert that, in regard to several of them, the magistrate did not read and identify the diploma. Any statement about seeing boxes or parchment or anything else is a mere paltry evasion of the point at issue, and a prevarication to boot; nay more, in several cases he did not see the diploma even in that evasive sense. 6th. I am credibly informed that several of them, in regard to their mutual signatures, stated, before the trial, that they had done the same as I had done, though, since the trial, they talk and write otherwise. ..... Two names appear at that document which surprised me. I was not aware until now that Mr. Garner was a practitioner in Dumfries, and I know that Dr. Little is not; I could not and did not, therefore, refer to them, and I have heard and know nothing about their registration....."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. R. D. Thomson; Dr. Eatwell; Mr. R. Steel; Dr. A. Alison; Dr. R. U. West; Mr. Oswald; Mr. Bird Herapath; Mr. R. G. Mayne; Dr. Ancell Ball; Mr. F. Henning; Dr. E. Williams; Mr. Macdonald; Dr. Girdwood; Dr. T. R. G. White; Mr. W. Ainley; Mr. Arthur Prince; Mr. Coats, Haydon Bridge, (with enclosure;) Mr. Douglas, Plas Rhydyfran, (with enclosure;) Mr. Winstone, Brecon, (with enclosure;) Mr. Browne, West Bromwich, (with enclosure;) Mr. Lawton, Sheffield; Mr. Kebbell, Brighton; Mr. Walker, Chesterfield; Dr. Morris, Chatham, (with enclosure;) Mr. Stephens, (with enclosure;) Dr. Tannahill, Glasgow; Mr. Martin, Dum-Dum, (with enclosure;) Mr. Simpson, Aberdeen, (with enclosure;) Mr. Reed, Hemel Hempstead, (with enclosure;) Mr. Penley, Bath, (with enclosure;) Mr. Ingarnells, Boston; Mr. Craster, Middlesbro'; Mr. Bailey, Coleshill; Dr. Lomax, Sutton-in-Ashfield, (with enclosure;) Mr. Oliver, (with enclosure;) Mr. Barker, Cheltenham, (with enclosure;) Mr. Davies, Leamington, (with enclosure;) D.; University of St. Andrews, (with enclosure;) Medicus, Bristol, (with enclosure;) Xiphoid; M.R.C.S. by Examination in Anatomy, Physiology, and Surgery; Non-alienus; D. M.; A. S.; Observator; &c. &c.

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OPINION OF

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Cod-liver Oil with Quinine.
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8 oz. 2s.; 16 oz. 3s. 6d.; 20 oz. 4s.; 40 oz. 7s. 6d.; 80 oz. 14s. each.

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Finest *new* Newfoundland Oil, 12s. gn. Quinæ Disulp. 6oz., 6s. 6d. oz. Potas. Iodid., 13s. lb. Liq. Sarzæ Coned., 5s. 6d. and 10s. 6d. Liq. Tarax., 6s. lb.—Monthly price currents on application.

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Pepsine.—M. Boudault begs to state,

that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

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Diphtheria, Fevers,

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